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Section 160 and the second control of the se TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

DHMH-16 30M 2/80 (VRA 15, 4)

	REGISTRAR XC 0179	1//10				REG. N			
	PECEASED NAME FIRST	M	IDDLE	Į	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
		IUSE		AGRAPI	Y	JANUARY	2, 1981	5	:00 A
3. S	ĒΧ	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UN	DER I YEAR	IF UNDER 24 H
	MALE	BLACK		30	3/15/92	88	YRS.	JA13	HOURS M
	EST INDIES	76 CITIZEN OF WHAT COUNTRY?		8. MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY C			
100	ORT HOWARD				EN., FH, MD	126. USUAL OCCUPAT (TYPE OF WORK FOR MOST C	ON 12	L. KIND OF	BUSINESS
13a.	UAL RESIDENCE (IF NURSING HOME STATE 136 CO	OR OTHER INSTITUTION, C UNTY	13t. CITY OR TOW BALTIMO	/N	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 3325 EDMON	DSON AVE	NUE	
14. F	FATHER'S NAME Unkn	WIDDLE	LAST		15. MOTHER'S MAIDEN NA FIRST Veronic	WIDDLE		LAST	
16a.	WAS DECEASED EVER IN U.S.	ARMED FORCES?	16b. SOCIAL SECU		17. INFORMANT	ADDRE	SS		
		V I	212 10 6	6850	CLINICAL RECO	ORDS, VAMC,	FORT HO	WARD,	MARY.
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shows	8									-	YING CAUSES	S OF DEATH?
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or Item 18	2	(IF EITHER, NOTIFY MEDIC	AL EXAMINER)	P	.M.	19						
wed o	MEDICAL	214. INJURY OCCUR			OF INJURY	FFICE, FARM, ETC.)	211 LOCATE STREET	ON	CITY OR TO	WN	COUNTY	STATE
is marked	2	AT WORK AT WO	ORK		,	, , , , , , , , , , , , , , , , , , , ,						
.52		22a.1 certify that	(this haspita	al) attended th	he deceased f	rom Decer	ber 20	19_80	to January	14	19 87	, that 🇯 (we) las
121		saw the deceas	ed alive an_	Januar	cv 14	07	nd that in bee	(our) apinion	death occurred on the o	ate and have	and from the	couses stated
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	-3	ILE SIGNATURE	no 0 0	liane				ATTENDING	MEDICAL STA	FF /	1//	4/81
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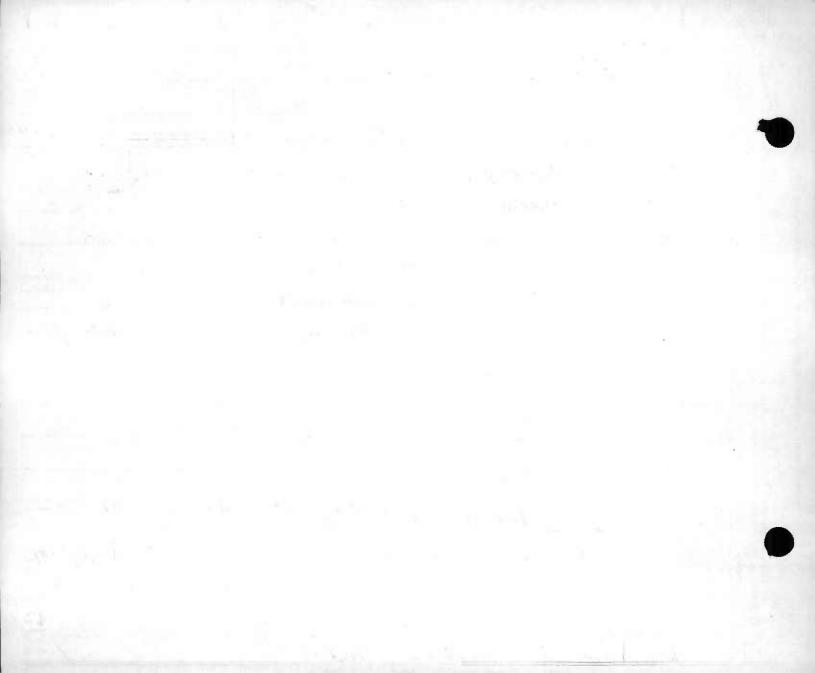
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3 7 5		CEASED NAME FIRST OR PRINT)	ET H.	ALEX	ANDEL	20 DATE OF DEATH		2b. HOUR
	3. SE		1 RACE INHITE	5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRT	100	
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by the filled with	10 C	ATONSVILLE	11. NAME OF HOSPITAL, I	VE STREET ADDRESS)		120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTR	OF BUSINESS OR
filled in rould be	13a. S	MD BA		CE BEFORE ADMISSION)	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	KBROOK /	AD.
and 2 ond 2		JoHa	AIDDLE RU	TH	LOUISA	MIDDLE	SCHLEUF	IAST
be execution on the control of the c		VAS DECEASED EVER IN U.S. ARY YES, NO OBUNINOWN) (IF YES, GIVE	war or dates) 166 SOCIA	28-4672	MARGIE G	ADDRE		D.21153
certificate b ng physicia banpapers. r remaval.		18 CAUSE OF DEATH (Enter onl) PART I. DEATH WAS CAUSEI IMMEDIAT	E CAUSE (a)	170 /4	YN CHU MINS	INVENACIA	BETWEE	DXIMATE INTERVAL N ONSET AND DEATH
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equires the signed Then plea to burio	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTION			MINAL DISEASE OR CON	DITION GIVEN IN PART	l(a)
The law reicion. te has beer ssi permit. Shows any is	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO H	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	DINGS USED ES OF DEATH? NO
HYSICIAN: Tilding physicials is certificate buriol-transif Mental Hygist had been as them and the ships of them and the ships in them are ships and the ships and the ships are the ship		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	110.00 4 44 440010	TH DAY YEAR		RRED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART 2)	
ING PHYS	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOV	WN COUNTY	STATE
OR ATTENDI of haspital or DIRECTOR: A sched for use Dept. of Heol		22a.1 certify that (1) (this hospit saw the deceased alive an above, (1) (we) (did) (did no	1/7	19 87 , 01	d that in (my) (cor) opinia	n death occurred an the d		
TTAL OR Port to the hory the hory the hory the hory cathorised detached that Dept.		22b. SIGNATURE	Aller has			MEDICAL STAI	FF /	13/8/
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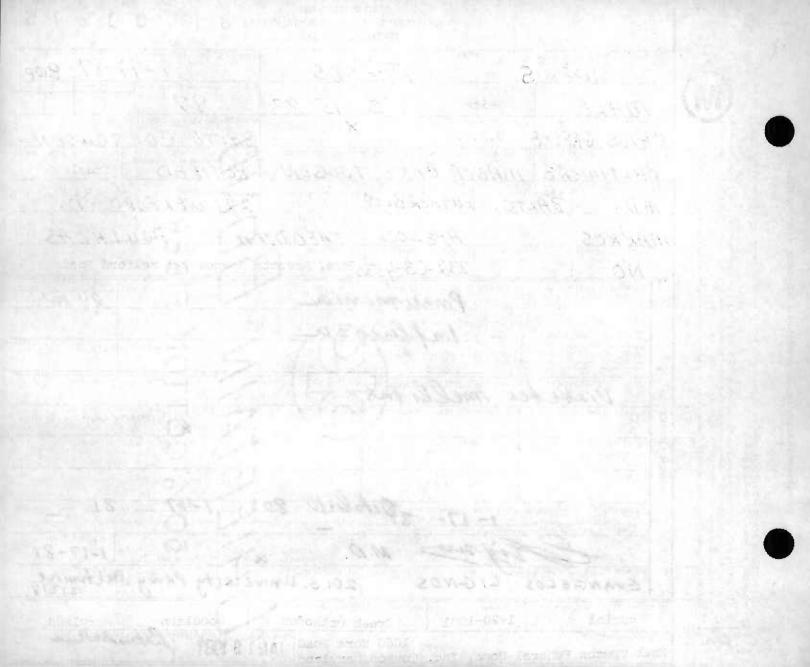
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		10210	NEGRO	Jul	19-48	3.	2/ YRS	
5/		RTHPLAČE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNT	TRY?	NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF DEATH	. 0
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me		AS DECEÁSED EVER IN U.S. AF	RMED FORCES? 146 SOCIALS	SECURITY NO.	17 INFORMANT	ADDRE	SS	
E /		NO	214-51	2-6640	Mrs. Lealie	Mae Allen.	4521 Fain	AXR
Ven		IL CAUSE OF DEATH (Enter O	only one cause per line for (a), (b	and iet.	1 1		APP	ROXIMATE INTE
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ws an	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIN	
S shows	F					YES NO	IN CERTIFYING CAU	SES OF DEAT
Item 18		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART	2)
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N.			oital) attended the deceased fro	om	, 19	, to		, that (I) (
n 21 is ma		saw the deceased alive or above, (I) (we) (did) (did no	nat) view the bady after death.	19, or	d that in (my) (our) opinion	death occurred on the do	ite and haur and fram	the causes st
E					DEGREE PAT	HOLDGIST		ATE SIGNED
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IMPORTANT: If Item		226. SIGNATURE	Mulla			MEDICAL STAF	IAN	, 2,8/
RTANT: If Item		22b. SIGNATURE	Aulla OR PRINT)		ATTENDING PHYSICIAN [27e ADDRESS	MEDICAL STAF	IAN /	, 2101
INFORTANI: II Iten		226 SIGNATURE Chamica 226 PHYSICIAN'S NAME (TYPE O			PHYSICIAN [DIRECTOR PHYSIC	IAN D	, 2101
IMPORTANT: If Item	23a E	226. SIGNATURE		234 NAME OF C	PHYSICIAN 1276 ADDRESS 276 ADDRESS 276 ADDRESS 2776 ADDRE	MEDICAL STAF DIRECTOR PHYSIC	COUNTY	S10 /

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TEMPER COURTY TOUSON GREATER DALITHOUS MEDIC LOTT.

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FOR

REGISTRAR

DECEASED NAME

XC 17 107 648

- STATE

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO E 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN X Burial Smallwood Carroll Md. Ger Park Cemetery 24 FUNERAL DIRECTOR Thomas tcher

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2n DATE OF DEATH

REG NO

2b HOUR

IF UNDER 1 YEAR

12b. KIND OF BUSINESS OR

LAST

SHIPMEY

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

3 WEIEKS

10 YEARS

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DHMH-16 30M 2/B0 (VRA 15, 4)

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Balto., Md.

Leonard J. Ruck. Inc.

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(VRA 15, 4)



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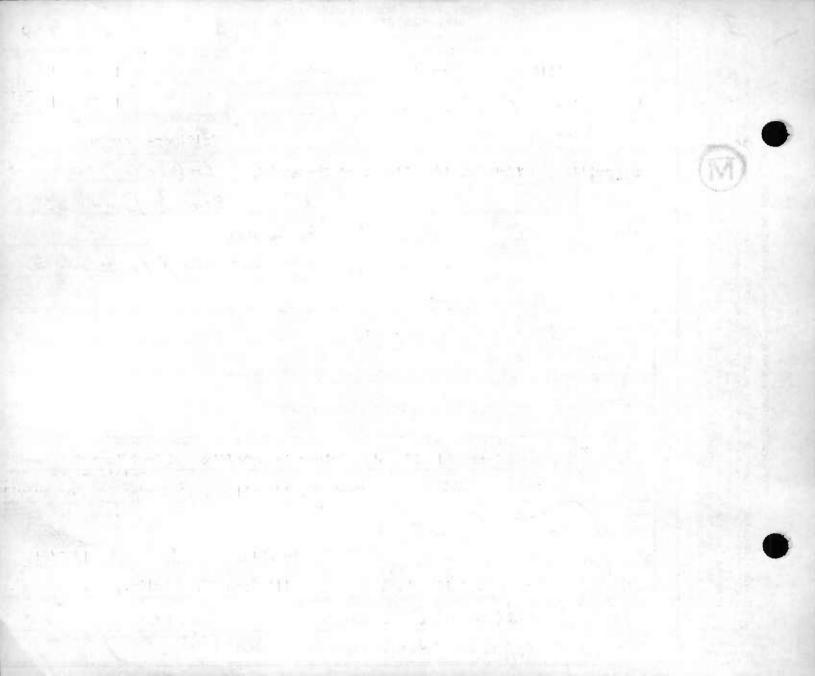
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0			TO OR PRINT)			YEAR	26 HOUR
	LES ASE	3. SEX	William Ernest Bantz DEATH MATED (MONTH	23 DAY	1981	M
	ESSARY, PLEASE RAL DIRECTOR. H. YOUR FILES. HIIN 72 HOURS RESTON STREET.		4. RACE S. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) AMONTHS DAYS HOURS MIN. PRONOUNCED DEAD	MONTH.		1981	7:11 a M
	FORSA FOR AL FOR AL FOR AL	7a. Bl	RTHPLACE (STATE OR ARRIED TO NEVER MARRIED TO NEVER MARRI	_	TY OF D		
	M		TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) York Rd. 1/5 mile n. of Shawan Rd. Cooperation (IV)		12b KIN OR	ND OF BU R INDUSTR	RY T
	ANY S	USUA	AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TATE 130. CITY OR TOWN 131. CITY OR TOWN 132. CITY OR TOWN 134. INSIDE (ITY LIMITS? YES NO	H	. des	H	
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	N ST CHO SNG SRMI ERM		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxia		BETW	TEEN UNSFI	AND DEATH
	STATE AND A STATE	7	DUE TO, OR AS A CONSEQUENCE OF				
	E FEEDERS W	-	Canditians, if any, which gave rise to immediate (b) Chest Compression				
	DS, 201 W. PRESTON ST., XECUTED WITHIN 24 HOU AG" IN PENCIL IN TEM 18 ALCAMINER ALCING Y BURRAL TREASIT PERMIT AND MENTAL HYGIÈNE. ATTON, OR REMOVAL.		cause (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF (c)				
	S HANGER S	N N	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).				
	Service And Servic	MEDICAL CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	1200	20 A	UTOPSY?	
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	SE SE		22a. I certify that I taak charge of the remains described above, held an Autapsy X, Inspection . Inquiry . , a	nd in my a	pinian		
1	EXAMINER CERTHICATI OUD BE FOR I WITH THE MARYLAND		death resulted fram: Matural causes . Accident . Sicide . Hamicide . Undetermined manner .				
	CAL EXA THE CER SHOULD SATH, WI SATH, WI		ACTUAL SIGNATURE Deputy Chiefedical Examiner	DATE	ED 1/	/23/8	31
	TO MEDICAL EXAMINER: THIS OF SECUTE THE CERTIFICATE. WRIT PAGE 4 SHOULD BE FORWARDE AFFER DEFETOR. MITH THE STATE DEATTIMORE, MARYLAND, 21201		EXAMINER'S NAME Thomas D. Smith, M.D. ADDRESS III Penn ST. Bal	to.,	MD.		
	BP	(5	URIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY CITY OR TOWNS ALLO	cou	,	加	ATEL
26	D 7 DHMH-17 (VR A15 ME (5)) 15M 2/80	24 FI	UNERAL DIRECTOR NAME THIRD, A. Hoffmann 3218 Hudsin St 250. DATE BECTO BY REGISTOR 256. REG	STRAR'S	SIGNAT	URE	7
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SOL LEVINSON & BROS., INC., BALTO., MD,

FOR

- STATE

24 FUNERAL DIRECTOR

6010 REISTERSTOWN RD.

DHMH-16 25M

(VRA 15, 4) 1/79

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

21215

Farming my Egaz many more agreeded industrial The state of the s There or friend one STATE THE STATE OF

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-L. 22 10 81 2. AND 3 TO THE FUNERAL DIRECTOR. 3. RETAIN PAGE 5 FOR YOUR FILES. SHOULD BE FILED, WITHIN 72 HOURS. IL RECORDS, 201 W, PRESTON STREET, Barrett DEATH MATED Agnes 3. SEX 4. RACE 6. AGE (IN YEARS DATE OF BIRTH IF UNDER 1 YR. 2d. HOUR IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 19, 1081 1904 7:00P female. white Oct. 76 DEAD 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. Baltimore DIVORCED X County WIDOWED 12d. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Tabco Towers 305 E. Joppa Road Towson Food Fair Meat Wrapper USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 305 E. Joppa Road Baltimore Towson Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Charles Edward Mae EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 1B. GIVE PAGES 1, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM TO FUNERAL DIRECTOR. PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND AFTER DEATH, WITH THE STATE DEPERTINENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. Sel1man Agnes StallThgs 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO. ADDRESS (IF YES GIVE WAR OR DATES) Mr. Joseph L. Barrett 1 Collis Court 217-16-8554 CAUSE OF DEATH (Enter only one couse per fine for (a), (b), and (c). Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 19g. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO T 21g EXTERNAL CAUSE WAS 21b. TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION AT WORK AT WORK STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY 220. I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted from: Natural couses Accident Homicide Undetermined manner TITLE (SPECIFY) ACTUAL 1/24/81 Assistant SIGNATURE EXAMINER'S NAME Hormez R. Guard, M.D. ADDRESS 111Penn Street, Balto., MD 21201 (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY OAK LAWN 23d LOCATION Barlevimore couMarylandATE 1-27-1981 Burial 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 1050 York Road **DHMH-17** Ruck Towson Funeral Home, Inc. Towson, Maryland (VR A15 ME (5)) 15M 2/80

22 de 1, 32 de 1, 3 de 12 de 1 1901 CONAL PERSONAL PROPERTY OF THE PROPERTY O MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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236. BURIAL, CREMATION, REMOVAL SPECIFY Burial

FOR

24 FUNERAL DIRECTOR
William 1

Loch Raven Blv

Johnson

23b. DATE

Jan.

28, '81

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23c NAME OF CEMETERY OR CREMATORY Loudon Park

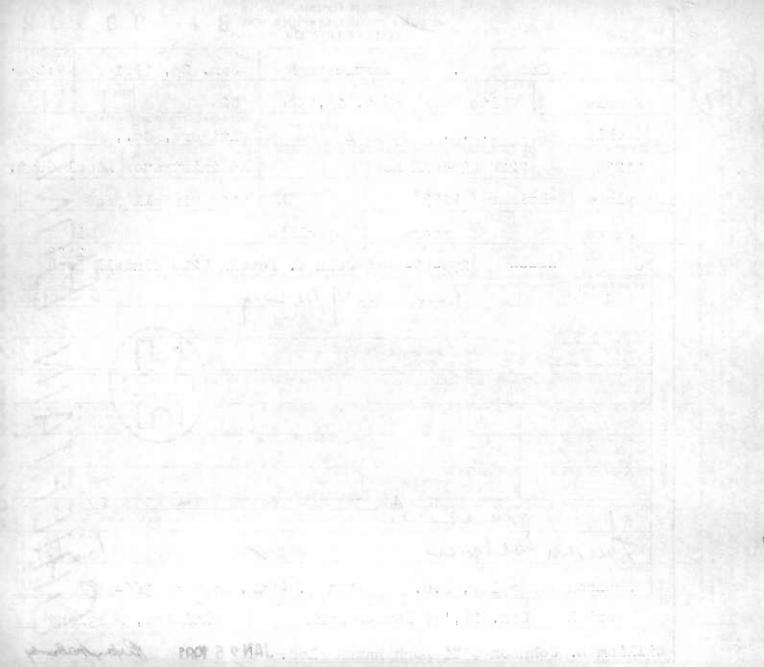
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Maryland

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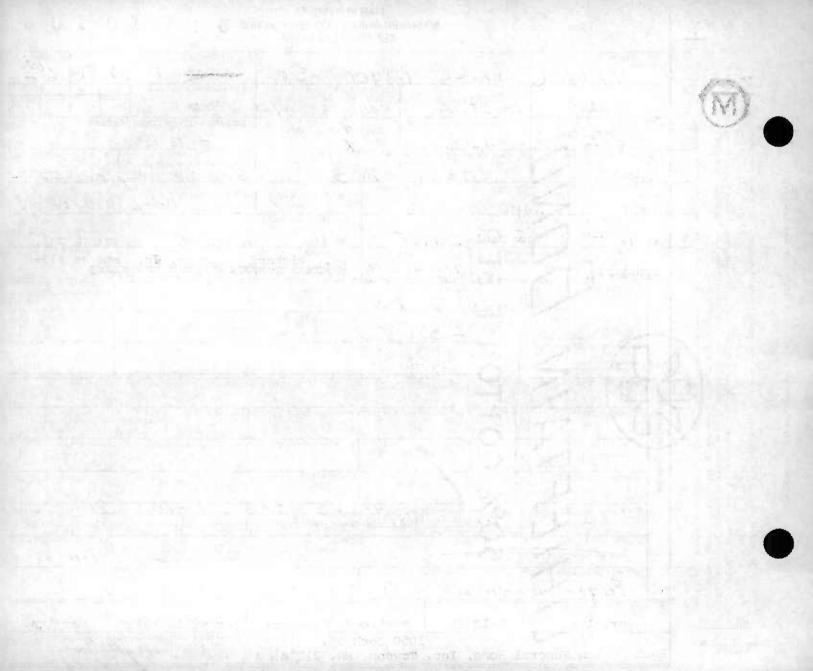
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Ruck Towson Funeral Home, Inc. Towson, Md. 2120AN

(VRA 15, 4)



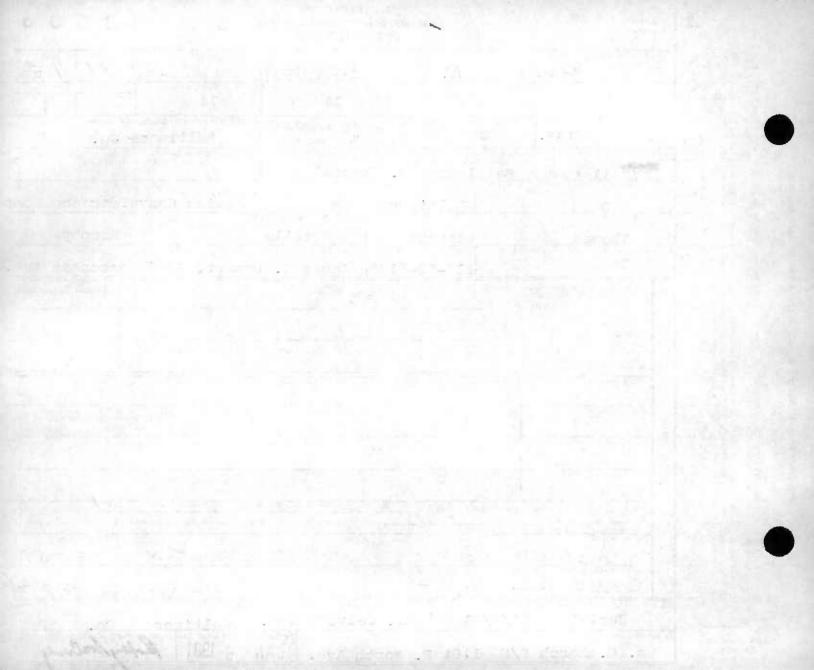
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ENDING or attendir OR: After se as the b sealth and is marker		220.1 certify that (1)		(al) attended t	he deceased from		19	5-8	in Jan	16	10 81	that #tT (we) last
CTO CTO or us of Hi	0	saw the decease	ed alive an	Jan	15 19	8-1 an	d that in (my) (and a	pinian de	th accurred on the d	late and ha	or and from the	causes stated
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DHMH-16 25M		UNERAL DIRECTOR			ADDRESS			Sq. DATE R	PEC'D. BY REGISTRAR	25b. REGIS	TRAR'S SIGNAT	URÉ
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		23a. (URIAL, CREMATION, SPECIFY) Buria		1/28/1			emetery or cremator on Cemetery	y 23d. LOCATION CITY OR TOW WOOdl	N	COUNT	1	STATE
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filled in ould be f	USU		OTHER INSTITUTION NTY	GIVE RESIDENCE BEFOR 136. CITY OR TOV Baltin	VN	13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS Jewish	Conva	lesce	nce Home
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours ysicion and completely filled in by opers. Pages 1 and 2 should be fill wol. 11, the medical examiner must be not.		ATHER'S NAME FIRST Thomas	WIDDLE	Bennett		15. MOTHER'S MAIDEN NA Estella	WIDDLE		Murp	hy
be executed and control on and control on and control on and control on an and control on an		VAS DECEASED EVER IN U.S. AI yes, no or unknown) (IF yes, GI No	RMED FORCES? VE WAR OR DATES)	16b. SOCIAL SEC 134-05-		James E.	Bennett 4			
: # +000 9		18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS)	nly one couse per ED BY: TE CAUSE (0)		ef 8	6		1	BETWEEN	IMATE INTERVAL ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST ING PHYSICIAN. The low requires that the death cert oftending physician. Ther this certificate has been signed by the oftending post the burial-transit permit. Then please remove carbon the and Mental Hygiene prior to burial, cremation, or ren orked or Item 18 shaws any injury, or other troumatic ev		Conditions, if ony, which gove rise to immediate	DUE TO, O	arten	Sele	iotic frea	A dise	200	y	ears
s that the ed by the please re- rial, crem or other		couse (a), stating the underlying couse lost.	(c)_	R AS A CONSEQU		7 16 hear	parse	ace-	0	
require	ATION	PART 2. OTHER SIGNIFICANT				NOT RELATED TO THE TERM	200 AUTOPSY?		WERE FINDIN	
VITAL REC NI. The low hysicion. icote hos b icote hos b icote perm Hygiene pr Hygiene pr	CERTIFICATION	71g. ACCIDENT WAS UNDERLYING			TOTERATIO	Z1c. HOW INJURY OCCUR	YES NO	IN CERTIFY	ING CAUSES	
ON OF VI	MEDICAL C	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	ATH HOUR A.	M. MONTH D M.	AY YEAR	21f LOCATION	KED (ENIEK NATURE OF IN	UKT IN HEM 18, PA	KETTORPARTZ)	
DIVISION OF NDING PHYSICIA Il or offending pl use os the buriol-tecith and Mental is marked or Item	MEC	WHILE NOT WHILE AT WORK	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	STREET	CITY OR	OWN	COUNTY	STATE
ATTEND aspitol o ECTOR: . id for use if. of Heo m 21 is m		220.1 certify that (I) (this hosp saw the deceased alive or above, (I) (we) (did) (did no 22b. SIGNATURE	1-5	19_		d that in (my) (our) opinion	deoth occurred on the	dote and hour		
ITAL OR By the her Branche Digital Corp. If the Digital Corp. If the her by the beautiful the beauti		Sooneliu	e H	tong		ATTENDING PHYSICIAN [MEDICAL ST DIRECTOR PHYS	AFF ICIAN X	1-5	81
TO HOSPITAL OR retoined by the h TO FUNERAL DIR should be detoche with the Stote Der		SOON CHU	CR PRINT)	toNG		Baltimore	County	Sone	eal 1	Hospital
716BP		BURIAL, CREMATION, REMOVA (SPECIFY) Burial	1/8/			alvary Cem	20161		соинту	STATE MD
DHMH-16 30M 2/80 (VRA 15, 4)		Wm. C. March	F/H	1101 E.	Nort		N 6 1981	RIZSB. RECONT	RAR'S SIGNAT	Credy



	FOR	
-	STATE	
	REGISTRAR	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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RE	GISTRAR				CERTIF	ICATE OF DEATH		REG. NO.		
1. DECEA	SED NAME	FIRST	A	AIDDLE	l.	AST	2a. DATE OF	DEATH MONTH	DAY YEAR	26 HOUR
	The	lma		E'	Bens	on	Janua	ary 3, 19	81	
3 SEX	emale		4 RACE White	9	5. DATE C	E BIRTH 21,1916 YEAR	6 AGE (IN YEA 64	RS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
COUNT	PLACE (STATE ORFO	DREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED		ECITY OR COUN	NTY OF DEATH	M
10. CITY	OR TOWN OF DEA	тн	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET Seph Hosp	IG HOME C	R OTHER INSTITUTION	120 USUAL O (TYPE OF WORK! Presi		12b. KIND C	F BUSINESS O
130 STAT	ryland	13t-COU	VTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Annapol	N I	138. INSIDE CITY LIMITS?		River Ba	ny Rd	
	R'S NAME FIRST Charles		M II	ronmonger		15. MOTHER'S MAIDEN NA LuÍa	A A		Muller 1A	
(YES, P			MED FORCES? E WAR OR DATES)	166 SOCIAL SECU 217-20-		Mrs Patrica	ia E Ryb		n Arm, M 18 Manor	Id Rd
9 cc ui	onditions, if ony, over rise to immuse (o), stotin iderlying couse	which nediate g the lost.	(b) DUE TO, OI (c)	R AS A GONSEQUE	-CM	Layeur My Ocausti	U			01
OR CONTRIBUTION TO THE CONTRIBUTION HOUR A.M. MONTH DAY YEAR									YES, WERE FINDI RTIFYING CAUSES YES 111. PART 1 OR PART 2)	
210	HILE NOT WE AT WO	RED	21e. PLACE	OF INJURY DEET, FACTORY, OFFICE, F	_	211 LOCATION	r	CITY OR TOWN	COUNTY	STATE
220	I certify that (I) saw the decease above, (I) (we) (c	d olive on	Hec	10/ 19		d that in (my) (our) opinion	death occurred	on the date and		NAME OF THE OWNER, THE
1	SIGNATURE	4	ull	husu			MEDICAL DIRECTOR	STAFF PHYSICIAN	1/3	751
220	PHYSICIAN'S NA Daniel		ilkerson	М.Д.		220 ADDRESS 1563 St Mar	garets	Rd Annap	olis Mar	yland
(SPEC	AL, CREMATION,		23b. DATE		NAME OF C	EMETERY OR CREMATORY	23d. LOCAT Bal		Maryland	STATE

BP____

DHMH - 16 50M 1/76 (VR A 15 (4)) 24. FUNERAL DIRECTOR

Leonard J Ruck Inc. Baltimore, Maryland

25a. DATE REC'D. BY REGISTRAN

5 1981 FIFTH PROPERTY OF THE P

MPORTANT: If Item 21 is morked or Item 18 shows ony injury, ar other traumotic event, the medical examiner must be potifi

FOR

	STA	TE	OF	M	ARYL	AND	
DEPARTMENT	OF	HE	AL'	TH	AND	MENT	A

AL HYGIENE &

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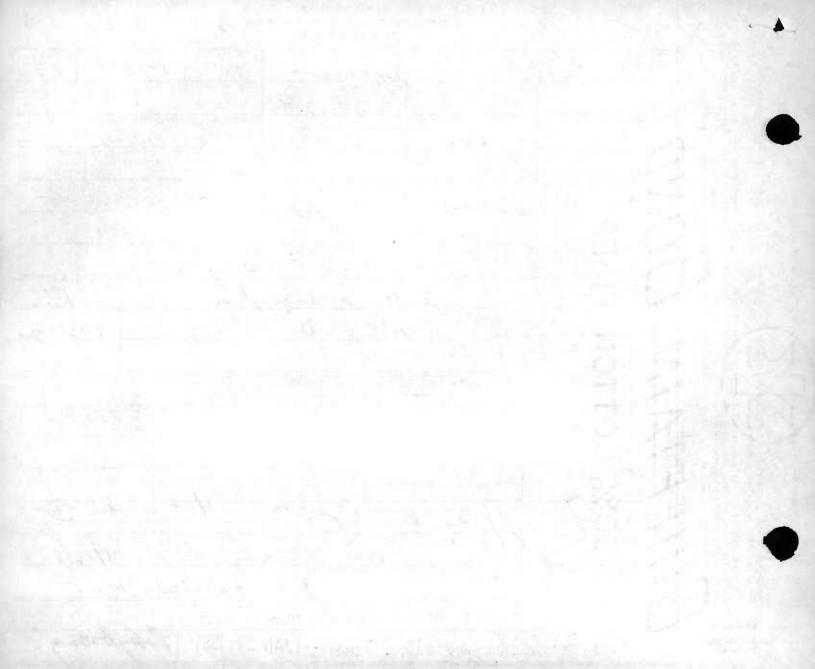
Ľ	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		
	ECEASED NAME PE OR PRINT)	FIRST	^	AIDDLE	Be	vman.	20. DATE OF DEATH	MONTH /-	16-81	26. HOUR (10)
3. SE	FEMALE		4 RACE WHI	ГЕ	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BII	YRS.	IF UNDER 1 YEAR	
70. B	SIRTHPLACE (STATE OR F COUNTRY) MARY LAND	OREIGN		WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY S	Cour	7.1	MD
RA	NDALLSTOWN		BICH	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	126 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEWIF)	OF WORKING LI	IFE) INDUSTRY	OF BUSINESS OR HOME
13a.	MARYLAND	136 COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOW BALTIMOR	N	13d. INSIDE CITY LIMITS? YES \(\text{NO XX} \)	3 STREET ADDRESS SOUTH	IGREEN	N RD.	#21207
14. F	SIMON		MIDDLE	HURWITZ		FANNIE	WIDDLE		ALEXAN	ĎER
160.	WAS DECEASED EVER (YES NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	213-74-4		3306 SOUTHGR				XIMATE INTERVAL NONSET AND DEATH
z	Conditions, if any, gave rise to imm cause (a), statin underlying cause	which nediate g the lost.	DUE TO, OI (b) DUE TO, OI (c)	R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO E	A S	M Infe	Jinal Disease or con	IDITION GI	2 C	ha. yelin
CAL CERTIFICATION	190. DATE OF OPERAT	DERLYING CAUSE OF DEA	21b. TIME O HOUR A.	FINJÜRY M. MONTH DA		N WAS PERFORMED	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR	IN CERTI	ES, WERE FINDI IFYING CAUSE ES PART OR PART 2)	S OF DEATH?
MEDICAL	21d. INJURY OCCURA		21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC)	211. LOCATION STREET	CITY OR TO)wn	COUNTY	STATE
	22a.1 certify flog (I) saw the decrease above (I) sheet (I) 17h SIGNATURE	ur and from the	, that (1) (we) last e couses stated E SIGNED							
	22d. PHYSICIAN'S NA	AME (TYPE O	0	lini		22e ADDRESS	ndellet	m	, md	
230.	BURIAL, CREMATION,	REMOVAL				EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN) E	COUNTY	STATE

DHMH-16 30M 2/80 (VRA 15, 4)

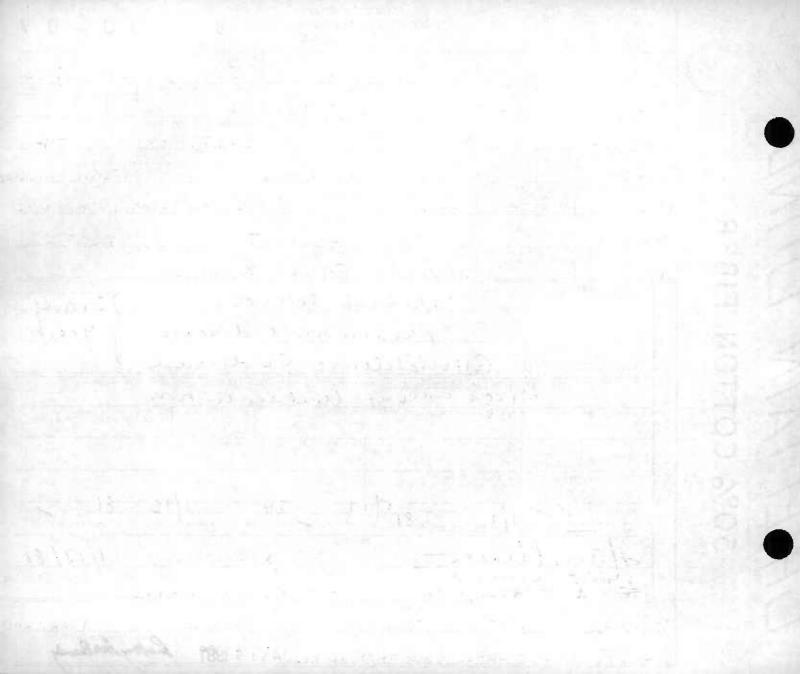
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24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.
NAME 6010 REISTERSTOWN RD., PARENTE SALTO., MD 21215

JAN 20 BY REGISTRAR 25 BY REGI

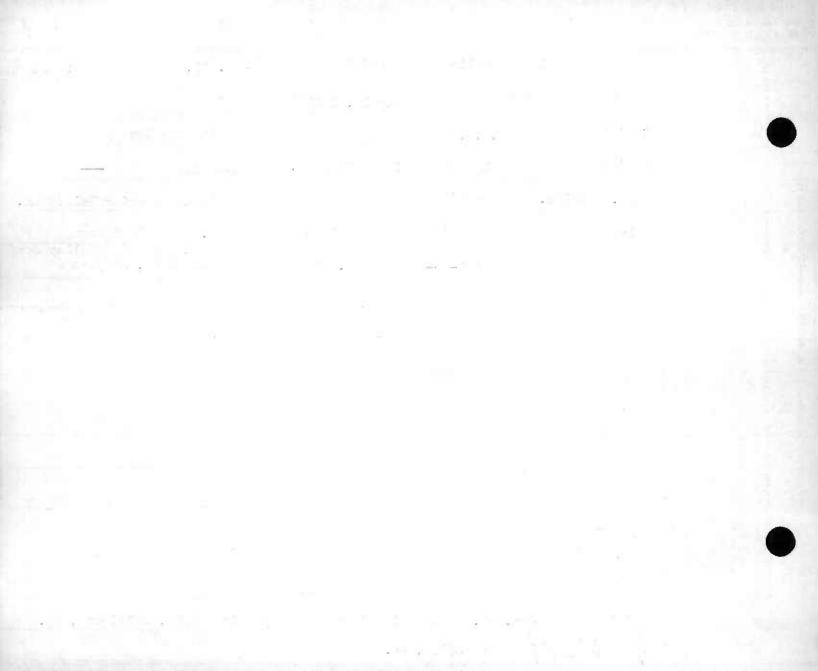


	1			STATE OF MARYLAND		
3	71	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 REG. NO.	00309
Times		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
e 25 /	{TYPE	FREDERIC	K	Bhoom	Jan. 12 1	981 3:45 AM
You you	3. SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
940	1	1015	WHITS	JUNE 5 1904	76	MONTHS DAYS HOURS MIN.
100	In. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	(2 8	BALTIMORE CITY OF COUR	
EE 82 <	m	BRULAND	11 < 0	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMOR	
5 B	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
O Lot in the diled	Ti	swson	(IF NOT IN SUCH FACILITY, GIVE STRI	2.31	(TYPE OF WORK FOR MOST OF WORKIN	G LIFE) INDUSTRY
- 0		701	R OTHER INSTITUTION, GIVE RESIDENCE BEF		4	TENN. KAILIGA
should be erimust be	13a. S	TATE 13b COU	NTY 13c. CITY OR TO	WN 134. INSIDE CITY LIMITS?	13e. STREET ADDRESS	20 0
	14 F4	THER'S NAME	LTO. CARN	YES NO VES NO VES		SGNORTON ROAD
Sond 2	A 1	FIRST	MIDDLE	FIRST	WIDDLE	LAST
0		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE	CURITY NO. 17. INFORMANT	ADDRESS	LENTZ
Pages			IVE WAR OR DATES)		()	
	1	10	1111 01	6233 FAMILY	KECORDS	
physicial popers. naval. ent, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per line far (a), (b),	and (c).)	•	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			TE CAUSE (o)	lebial scle	(05.8	1) heary
nding j corban , or ren aatic ev		3419	DUE TO, OR AS A CONSE	LIENCE OF	4	
ave corb lotion, or i troumatic		Canditions, it ony, which	((b) P	arkin son s	disease	1 year
y the offer te remave (cremotian, ther traum		gove rise to immediate cause (a), stating the	DUE TO PRAS A CONSEC	HIENCE OF		
d by the ease ren iol, crem ar ather t		underlying cause last.	Cufui	uence of Claratic CI	l'direcure	
D 0 0		PART 2. OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TER.	MINAL DISEASE OR CONDITION	GIVEN IN PART 1(o)
2 4 0 5	Z O		Miraa Co	Kon, Mill	w. Cihny	
permit. The prior ws ony in	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
nsit perr	E				YES NOT	TIFYING CAUSES OF DEATH?
	E	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM	
riol-transit entol Hygi entol Hygi		OR CONTRIBUTING CAUSE OF DE		DAY YEAR		
buriol-t buriol-t I Mentol or Item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d, INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	211. LOCATION		
	WEI	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
After the es the alth ond marked		AT WORK			1 1/19	
			inal) otterded the deceased from		, to	, 19, that (I) (u.e.) lost
of the name of the			ot) view the body after death.	, one may in (m) (go) apman	deoth accurred on the dote and I	
DIRECTOR: sched for us Dept. of He f Item 21 is		771 SIGNALURE	11	DEGREE	3	22c. DATE SIGNED
U		Helen	liveli"	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/13/8/
FUNERAL IN The Stote ORTANT:	1	THE PHYSIAN'S NAME LITTE	OR PRINT) ER, M.D.	22e ADDRESS		
should be det with the Stote IMPORTANT:		T. A.	CASSIE AD	· 7600 0	4) 50 DO:V	\$
TO FUN should b with the IMPORT	230	BURIAL, CREMATION, REMOVA	L 23b. DATE 23	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
		SPECIFY)	1-15-1001	Po all in the American	CITY OR TOWN	COUNTY STATE
	24 E	URIAL JNERAL DIRECTOR	11 12 1481	MIK WOOD LEM.	ATE REC'D. BY REGISTRAR 25b. DO	SISTRAR'S SIGNATURE
I-16 30M 2/80 /RA 15, 4)	0	NAME	ADDRES	11 - 12	4 4 4000	by Achards
	24	Ans Funera	LCHAPEL 88	SOHARFORD ROJA	NT = 130	



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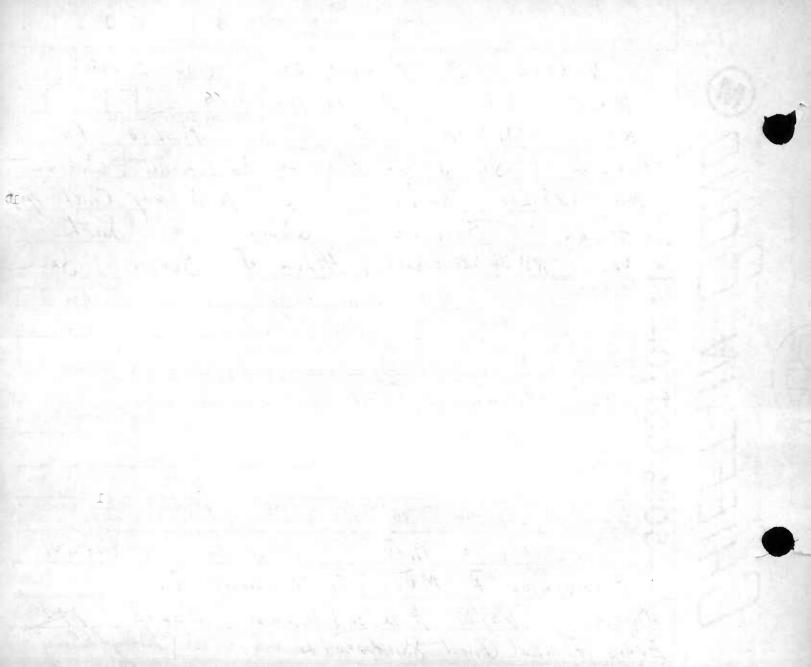
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8	1 - STATE REGISTI	RAR			ICATE OF DEATH	GIENE 8 REG. NO	U U	5 1 2
e 2	DECEASED N	Edward Edward	e) E.	Boenn:	ing		, 1981	26 HOUR 2:14p M
ge 4 may	SEX M	rle	4. RACE White	5. DATE (7-1892	6. AGE (IN YEARS LAST BIR	YRS.	DAYS HOURS MIN.
eath. Po.	Jo. BIRTHPLAC	E (STATE OR FOREIGN	76. CITIZEN OF WHAT CO U.S.A.	DUNTRY? 8 MARRIE WIDOW	D NEVER MARRIED	9. BALTIMORE CITY O Baltimore		MD.
or the for	10 CITY OR TO	WN OF DEATH	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, St. Jose	L, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF FOR MOST OF WORK FOR WO	ON OF WORKING LIFE) 12b. K	Sind of Business or USTRY Coast Guard
24 hours	USUAL RESIDE	NCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESID	PR TOWN	138. INSIDE CITY LIMITS?	13e STREET ADDRESS	croft Rd.	-21239
MARYLAND ed within 24 mpletely fille ond 2 should	14. FATHER'S N	AME Philip Boe	middle.	LAST	15. MOTHER'S MAIDEN NA			LAST
BALTIMORE, I cote be execute ysicion ond con opers. Poges 1 vol.	160 WAS DECE (YES, NO OR I	ASED EVER IN U.S. AR		36-8499	17. INFORMANT	G. Boerning	SS	21239 arcroft Rd.
	18. CAU	I. DEATH WAS CAUSE	nly one couse per line for (D BY: Acut TE CAUSE (0)	o), (b), ond (c).) e myocard:	ial infarctio	n		APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
ston st., reath certif- tending pl re corbon p an, ar rem- umotic eve	4/ English	Ons, if ony, which		onsequence of riosclero	tic cardiovas	cular diseas	se	
201 W. PRESTON es that the death ce ned by the attendin please remove corb urial, cremotion, or v, ar other troumatic	gove	rise to immediate (a), stating the ing couse lost.	DUE TO, OR AS A C	onsequence of atia marc	escens pneumo	nia		
		OTHER SIGNIFICANT	, {c1		NOT RELATED TO THE TER		DITION GIVEN IN PA	ART 1(o)
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r ottending physicion. Wher this certificate has been sig os the buriol-transit permit. Then th and Mental Hygiene prior to b orked or item 18 shows any injury	CERTIFICATION 12 PAGE 10 PAGE 12 PAGE	OF OPERATION	196. CONDITION FO	R WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE I	FINDINGS USED AUSES OF DEATH?
SICIAN: The physicic certificate vial-transit tentol Hygistem 18 sho		DENT WAS UNDERLYING ERIBUTING CAUSE OF DE	HOUR A.M. MO	NTH DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PA	ART 2)
VISION G PHYSI G PHYSI cer this ce the buri	9	URY OCCURRED	21e. PLACE OF INJUR		21f. LOCATION STREET	CITY OR TO	wn cour	NTY STATE
DINITENDINITED OR. Aftronuse os or use os if Health	220.1 cei	tify that (X(this hosp	tol) oftended the deceos	ed from 81 Nov	nd that in (XXV) (our) opinion	, 10	ote and hour and tra	, mor (1) (we) 1031
1 OR AT the hosp L DIRECT toched f to Dept. e E Dept.	22b. SIG		if) view the body offer dec	oth.	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF /	DATE SIGNED
TO HOSPITA retoined by TO FUNERA should be de with the Stot		SICIAN'S NAME (VO)	Dizon, M.D.		22e ADDRESS	□ DIRECTOR □ PHYSIC Road Towson	TAN E	
TO HOSI reformed TO FUN should b with the	22a RUDIAL C	REMATION, REMOVAL		23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	COUNTY	
DHMH-16 30M 2/80 (VRA 15, 4)	24. FUNERAL D	DIRECTOR	nc-6415 Beli	Oak Lau	25a, DA	Balto. MATE REC'D. BY REGISTRAR N 6 1981	25b GISTRAR'S	GN TURE

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10	1-	FOR STATE REGISTRAR		11m G553	DEPARTA DICAL E	ENT OF H	EALTH	ARYLAND AND MEN ERTIFICA	H JATE	7	4 1	REG. N	0 () 3	1	3
2000		CEASED NAM	Lorit	ta	Alic	ce	Вос	oze			OF	KNOWN ESTI-	_		YEAR 19 81	2b HOUR
F. P.	3. SE	emale	black	5. DATE OF BIRTH	YEAR	AGE (IN YEAR LAST BIRTHDAY	MONTH:		UNDER		RONOUN DEAD	ICED	nonth	20 DAY	YEAR 81	2d HOUR 2:00
Necessary Funeral S. For W. Pres	Ma	rthplace (S		76. CITIZEN OF W	HAT COUNT	RY?	MARRIE WIDOWI	D NEVE	R MARRII DIVORCI	ED 🔼		ore city of			DEATH	PM
SE FE SOO	Ba	Itimore	/-		Carria;	ge Hil	l Cir		NC	12a. USU FOR M	AL OCCUP OST OF WOR	PATION (TYP	PE OF WOR	K 12b. Ki	ND OF BU R INDUSTE	SINESS
D. 21201 2, AND 3 TO 3. RETAIN PA SHOULD BE I	Ma	al RESIDENCE Tyland	(IF IN NURSING HOME	OR OTHER INSTITUTION, O		FORE ADMISSION		13d. INSIDE CITY	LIMITS?	3445	e car	isiage	Hi1	1 Ci	rcle	5.8
		ather's name erbert		T. DDLE	Воб	že		15. MOTHER'S		NNAME	М	DDLE		Ki	nney	
RS AFTER DEATH, IF ANY S. GIVE PAGES 1, 2, AND WITH FORM PM 3. RETA T. PAGES 1 AND 2 SHOULD DIVISION OF WITAL RECO	160.	WAS DECEASE! (ES, NO, OR UNKNO	D EVER IN U.S. AR	MED FORCES? WAR OR DATES)		0-2278		17. INFORMA Marian		ze :	1236	ADDRESS N. Cu		Str	eet	
PRESTON ST. ITHIN 24 HOU CIL IN ITEM 18 KR ALONG VANNST PERMIT AL HYGERMI		Candition gove ris cause (a) lying cau	IMMEDIA IMMEDIA Ins., if ony, which is to immediate stating the under- se last.	TE CAUSE (a) DUE TO, OI	Cardion RAS A CONS	TYOPAT	F	OR CONOITION GI	IVEN IN PAR	T 1 (a).				BETT	PPROXIMATE WEEN ONSET	INTERVAL I AND DEATH
WITAL RECORDS SHOULD BE EXE ORD "PENDING CHIEF MEDICA BE USED AS A BL TOF HEATTH AN BURIAL, CREMAT	TIFICATION	19a. DATE OF				HICH OPERA	TION WA	AS PERFORME	ED?						AUTOPSY?	
DIVISION OF VITAL RECORDS, 201 W. S. CERTIFICATE SHOULD BE EXECUTED W. RITING THE WORD "PENDING" IN PEN REDED TO THE CHIEF MEDICAL EXAMILE FE. SAHOULD BE USED AS A BURIAL - TR FE DEPARTMENT OF HAALTH AND MEN! ROLL FOR TO BURIAL, CREMATION, OR	MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTION	NG CAUSE OF	DEATH P.A	M. MONTH I	19 (AT HOME,	211 LOC	ATION	CCURRED	O (ENTER NA	ATURE OF INJI			PART 2)		STATE
TO MEDICAL EXAMNER: THIS EXECUTE THE CERTIFICATE, WINDER OF A SHOULD BE FORWAL TO FUNERAL DIRECTOR: PAGATER DEATH, WITH THE STATINGORE, MARYLAND, 212		220. I certification of the second of the se	ty that I taak charged fram: day	ge of the remains de	Accident [Suice M.D.	A	Hamicide TITLE (SPEC ASSIS D. ASSIS	cify) stani 111]	Undeter	Stree	nner .	DAT SIGI	E •	1/21/ 21201	81
BP	(Burial	1	1/24/81				Cemet	ery		imor			YTAUC	MD	ATE) .
DHMH - 17 (VR A15 ME (5))		UNERAL DIREC		F/H Incores	s 1101	E. No	rth .	Ave. 250	JAN		REGISTRAI	25h REGI	STRAR'S	SIGNAT	URE	

The state of the s

10	1-	FOR STATE REGISTRAR		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	00314
	(TYPE	CEASED NAME FIRST VIR9	IL S Box	user. Ir	2g. DATE OF DEATH MONTH A M 6. AGE (IN YEARS LAST BIRTHDAY)	2 1981 NAME OF THE PROPERTY OF
(Ma)	3. SE	MALE	White Au	OF BIRTH 29. 1914	.66	MONTHS DAYS HOURS MIN.
within 72 h		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8. MARRI WIDOW	ED NEVER MARRIED DED DIVORCED	9. BALTIMORE CITY OR COUN	O CO MD.
led the	1	TOWS ON	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SICH FACILITY, GIVE STREET ADDRESS)	Hospial	120. USUAL OCCUPATION (TYPE OF WORK OF MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
should be in		ma W	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	YES NO	130. STREET ADDRESS NA	y Circle April
completely 1 and 2 s	14 F	ATHER'S NAME FIRST Oh N	MIDDLE BOWSER	15. MOTHER'S MAIDEN NAM	MIDDLE	Smith
Poges medic		VAS DECEASED EVER IN U.S. A	MED FORCES? 166. SOCIAL SECURITY NO. 400-16-8393	HELEN	J. Bouse	
ng physicior bon popers. remavol. c event, the		PART I. DEATH WAS CAUS	ly ane cause per line for (a), (b), and (c).) D BY: G CAUSE (a)	umorrhage		BETWEEN ONSET AND DEATH
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MH-16 30M 2/80	24 F	UNERAL DIRECTOR	ADDRES ON	La Food for A	E,REC'D, BY REGISTRAR 256, REC	ISTRAR'S SIGNATURE



William E. Johnson 8521 Loch Raven Blvd JAN

FOR

REGISTRAR

24 FUNERAL DIRECTOR

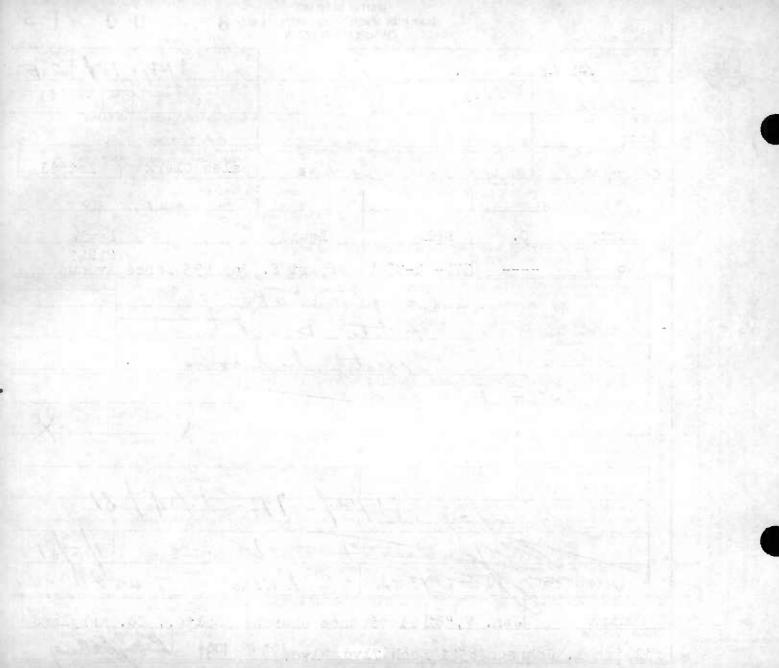
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



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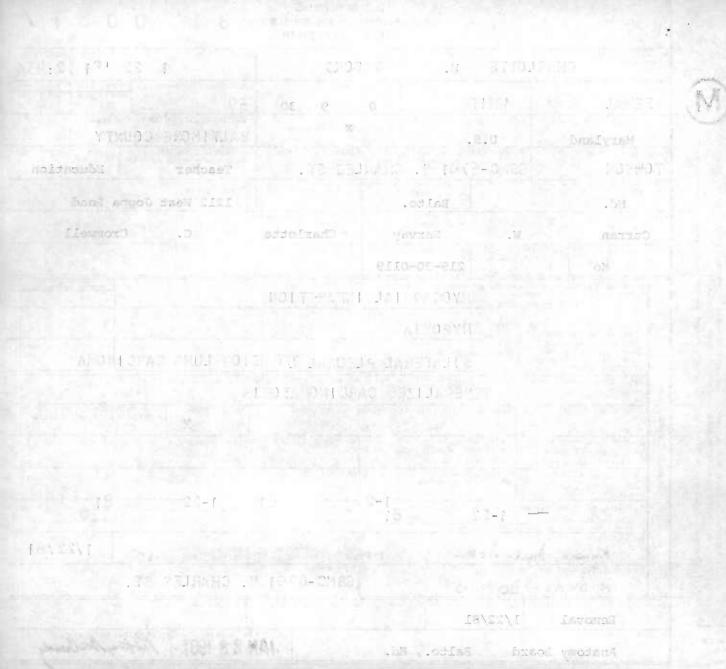
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24 FUNERAL DIRECTOR

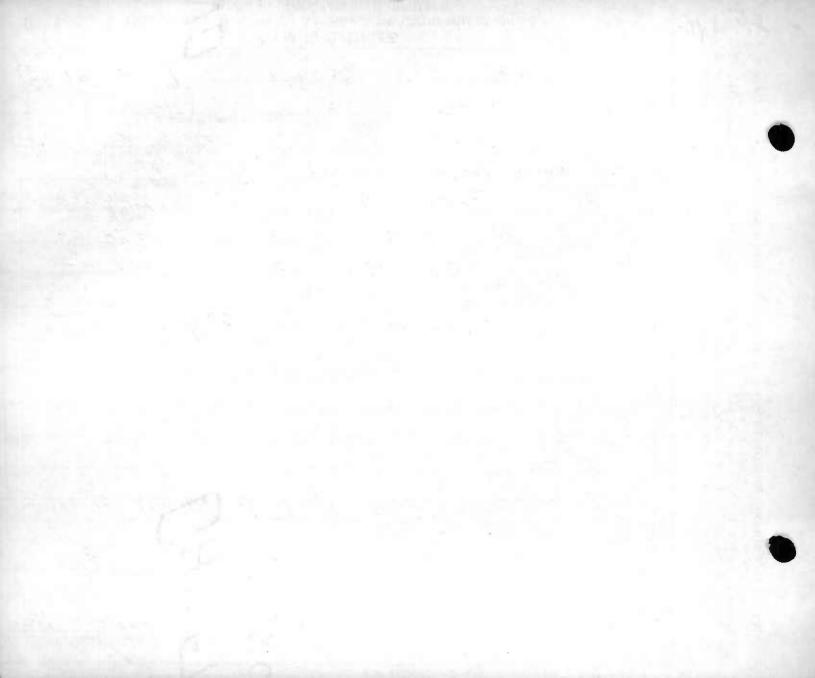
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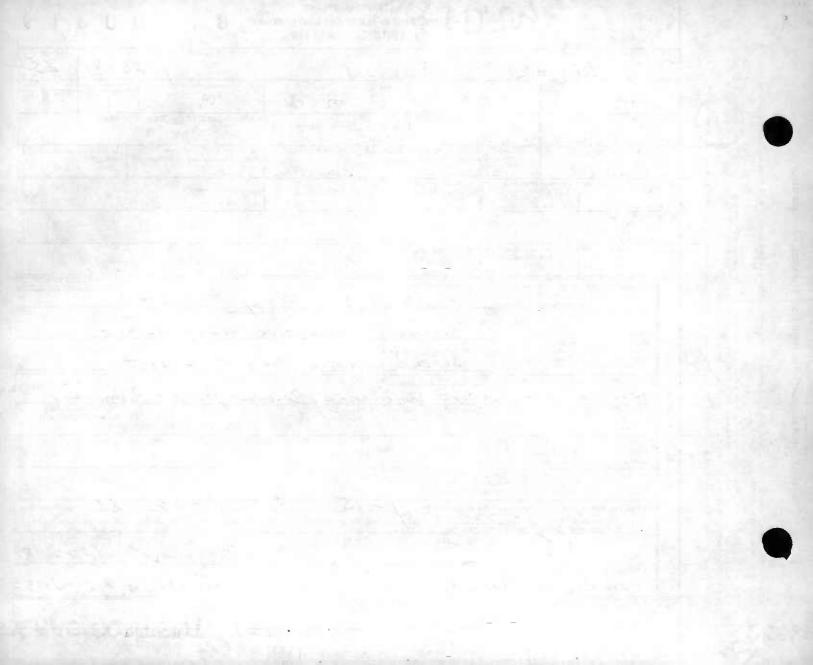
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH MONTH 181 22 IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY 17b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Education 1212 West Joppa Road Cromwell BILATERAL PLEURAL EFEUSION LUNG CARCINOMA 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 1/22/81 PHYSICIAN DIRECTOR PHYSICIAN GBMC-6701 N. CHARLES ST. CITY OR TOWN COUNTY STATE 1/22/81 250. DATE REC'D. BY REGISTRAR 256. RESISTRAR'S SIGNATURE ADDRESS



	. 000	1	MARTLAND STATE DEPARTMENT OF HEALTH	
4	10	18.	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21/201 🕥 🤾 📗 🤱	
1	J. V.	0	CERTIFICATE OF DEATH	
	2 82	-	DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR	R
	24 hours after death ed in the funeral for Edges I and 7		(Type or print) Beulah E. BROWN Month Day Ser 1345	M
	unera Unera I and Ir deat		. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HIS	PS.
	the last		lost hirthday) MONTHS DAYS HOURS MA	IIN.
	2 / 5	1	Temale White FEB. 20, 1888 1888 YRS.	
	B / 1 / 1	bk	o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
	E 1 -	20	1/10. 0.2 4. MIDOMED PLONGED BALLO. CO.	Md
	E BE	2	0. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR	
	ecuted within 2 completely filled ove carbon pay	10	RANDALLS TOWN gird street address) LS TOWN N.H. during most of working life, even if retired.) INDUSTRY	
	ed with pletely carbon ent, wit		30. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
	oto mp eve	15	dmission) STATE MD 13b. COUNTY BALTO. PIKESUILE YES NO Q 207 OAK AVE.	
	s executions and compressions of the compression of the compr	died.	4. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost	_
	and and rem	120	JOSEPH IU, CHALK LAURA V. DEVAUGH	
	sician please , and	00	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	
	physician en please	1	(Yes, no phranknown) (If yes give war or dates of service) 219-28-6949 ELEANOR B. JUNES SAME 21208	
	phy en ovo	11	APPROXIMATE INTERVAL	
	eath certific anding phys nit. Then p or removal,		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	
	ndi nt.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Conspictive Glose facilities	
	affend permit.		2500 DUE TO, OR AS A CONSEQUENCE DE HAND begge state he bestelled to	
	the state		Conditions, if ony, which gove)	
	y the	- 1	rise to immediate couse (o), (stating the underlying couse) DUE TO, OR AS CONSEQUENCE OF	П
	equires that the death ce physician. signed by the attending burial-transit permit. Th burial, cremation, or rem		last.	
	uire gne gne irin		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	_
	a plant		TAKE 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH DUT NOT RECEIVED TO THE TERMINAL DISEASE OR CONDITION OF THE TAKE TOP	
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	Pite pite of the	71	G (If either, notify medical examiner) P.M. 19	
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	A Pf		saw the deceased alive an warmy 19 of, and that in (my) (for) opinion death occurred on the date and hour and from the	the
	OR in e		couses stoted obove, (I) (wallish) (did not) view the body ofter death.	
	A S D S F		22b. SIGNATURE ATTENDING ATTENDING STAFF 22c. DATE SIGNED	
	OR O		DEGREE PHYS. DIRECTOR PHYS. 1915	
	AL DO	1	22d. PHYSICIAN'S BOOMED OF OUT OF 22e. ADDRESS	
	ERA ERA J', F	1	NAME (Type) EDWIN & PIEK POST (1920)	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compledirector, page 3 should be defached far use as the burial-transit permit. Then please remove can should be filed with the State Dept. of Health prior to burial, cremation, or removal, and to any event		230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)	
	Pog O		EMOVATINGE VI- 9-81 DRUID RIDGE CEM. BALTO. CO. MD	
			24. FUNERAL DIRECTOR	
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			100000000000000000000000000000000000000	



	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	TGIENE 8 REG. NO.	0031
page 3 death		CEASED NAME FIRST ED COT	TRU E	BROWN	20. DATE OF DEATH MONI	-22-8/ 26. HOUR
ter d	3 SE	WALE	4 RACE BLACK	S DATE OF BIRTH MONTH OAY YEAR OTT OFT OO	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 2 HOURS (ME
	S	RTHPLACE (STATE OR FOREIGN DUTH CAROLINA	76 CITIZEN OF WHAT COUNTRY USA	MARRIED XXNEVER MARRIED L	BALTIMORE CITY OR CO	DUNTY OF DEATH
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and 2 sh		JACK	MIDDLE LAST BROWN		MIDDLE	PIBNKNEY
an and co	160 V	VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SEC E WAR OR DATES) 213~07~	Market and the second s	ADDRESS 3108 FAIRVIE	W ROAD APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
has been signed by the ar rmit. Then please emove re prior to burial, cremat nows any injury, or other	CERTIFICATION	cause 101, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (CHRONICE 196 DATE OF OPERATION	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TEL	ENSE 1000,000	ON GIVEN IN PART 1(a) EMB. Palmonany IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
trending physician. After this certificate has b s the burial-transit permit. th and Mental Hygiene pri marked or Item 18 shows		210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	YES NO	YES NO
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regimed by the hrough the property of the prop		ORUNDO E	1.72	NAME OF CEMETERY OR CREMATOR		www, Med. 211.



		1	STATE OF MARYLAND
-		1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 0 3 2 0
0		1.	REGISTRAR CERTIFICATE OF DEATH REG. NO.
			CEASED NAME, FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
	e pe	(TYPE	Florence L. BRUANT 12281 73 M.
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	4 - 000 - 4		F W Oct. 26, 1841 89. YRS MONTHS DAYS HOURS MIN
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201	by the filed v	0	wings mills British (FNOTINISUCH FRETTLY, GIVESTREET ADDRESS) CT. Apt. C (TYPEDF YORK FOR MOST OF WORKING LIFE) INDUSTRY
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BAL	ficate physical paper naval.		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c) PART-I. DEATH WAS CAUSED BY
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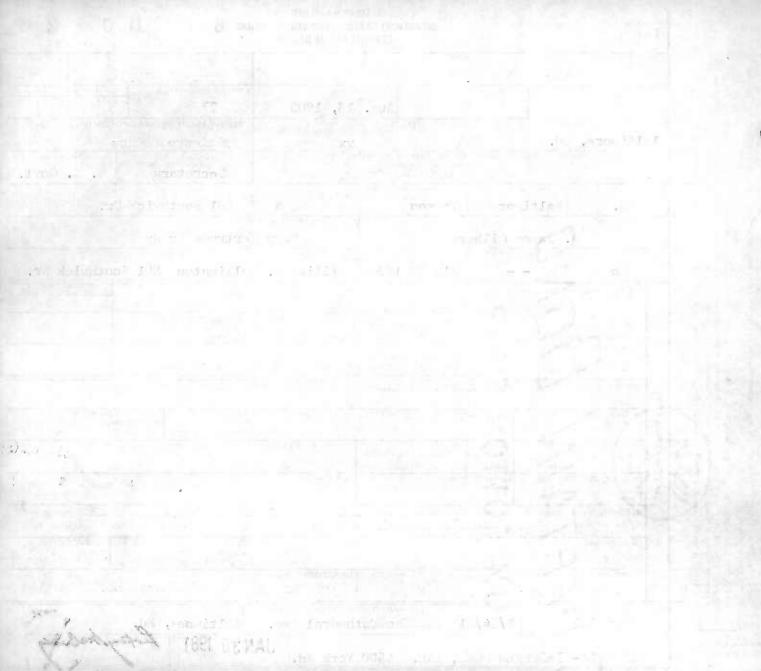
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		E OR PRINT)	RST	٨	MIDDLE	(AST	2a. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
deod		He	1en		3.	Bullin	gton	Jan. 21	, 1981		10:30pm
D.M	1. St	F	4. F	RACE		5. DATE C	13, 1903 YEAR	6. AGE (IN YEARS LAST BIR		UNDER 1 YEAR	HOURS MIN.
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Seguiner 3	14_F	ATHER'S NAME	MIDD		LAST		15 MOTHER'S MAIDEN NA			LAS	ī
medicol		WAS DECEASED EVER IN L YES, NO OR UNKNOWN) (IF	J.S. ARMEI YES, GIVE WA		166 SOCIAL S	ECURITY NO. 3 1930A	17 INFORMANT	ADDR	ESS	uthwi	ck Dr.
ias been signed by the attending physicio permit. Then please remove corban popers, ne prior to burial, crematian, or remaval. ws any injury, or other traumatic event, the	CERTIFICATION	underlying cause la	ate the ast	(b) DUE TO, OR (c) NDITIONS CO	R AS A CONSE Arteri DNTRIBUTING	c conges OUENCE OF OSclerot TO DEATH BUT	stive heart f	cular disea	20b. IF YES, V	VERE FINDIN	NGS USED OF DEATH?
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TO FUNERAL shauld be det with the State IMPORTANT:		22d PHYSICIAN'S NAME Nestor Car	rmona				PHYSICIAN [22e ADDRESS 6012 Harfor	X DIRECTOR PHYSIC	IAN 🗌	J	
	23a.	BURIAL, CREMATION, REM (SPECIFY) Burial	OVAL 2	36. DATE 1/24/8			METERY OR CREMATORY thedral Cem.	23d. LOCATION CITY OR TOWN Baltimore	, Md co	PUNTY	THE
16 50M 1/76 A 15 (4))	24. F	UNERAL DIRECTOR NAME MITCHELL-WI	EDEFE	LD HOM	ADDRESS INC		York Rd. 25a DA	198 1 198 1 198 1 1 1 1 1 1 1 1 1 1 1 1	25 Juny 12	prob	ung.



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	PEA SPECIO	3. SE	emale	4. RACE white	5. DATE OF BIRTH	3 YEAR	6. AGE (IN YEARS LAST BIBTHDAY) 50YRS.		DAYS	IF UNDER 2		RONOUN DEAD	ICED	нгиом	DAY	YEAR	2d. HOUR
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21201	ANY DEL AND 3 TO RETAIN P POULD BE RECORDS.	USU/	L RESIDENCE TATE	(IF IN NURSING HOME O	O432 PU OR OTHER INSTITUTION, GI	VE RESIDENCE	BEFORE ADMISSION	13	d. INSIDE CIT	TY LIMITS?	13e. STRE	ET ADDR6	ss	_	1	1 to . C.	veny,
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BALTIMORE, MD.	P DEAT	16a. V	VAS DECEASE	Se Ph DEVER'IN U.S. ARA	V Q V	1166. 500	CIAL SECURITY N	₹O. 17	INFORM		LISY		ADDRESS	S		AST	
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gove rise to immediate	(b)	ccc				
couse (a), stating the	DUE TO, OR AS A CONSEC	UENCE OF		-	3	
onderlying coose loss.	(c) Trea	1 pi	re conce	۷		
	CONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDIT	ION GIVEN IN PART	1(0)
190 DATE OF OPERATION	196 CONDITION FOR WHI	H OPERATION	N WAS PERFORMED	200 AUTOPSY?		
1-11-81	Vene Co	mile.	9	YES NOW	YES 🗌	NO 🗌
210. ACCIDENT WAS UNDERLYING		VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	N ITEM 18, PART 1 OR PART 2	1
OR CONTRIBUTING CAUSE OF DE	CAIN .					
21d INJURY OCCURRED		19	21f LOCATION			
WHILE NOT WHILE		E, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
AT WORK						
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sow the deceased alive a	on 19	, on	nd that in-(my) (our) apinion	death occurred on the date	and hour and from t	he couses state
226. SIGNATURE	- / /·	- 1	DEGREE		22c. DA	TE SIGNED
Juan 6.	tuffer M.	0	ATTENDING	MEDICAL STAFF		18/8
201 DUVE CIANTE NIAME				_ DIRECTOR PHYSICIA	NO /	
			DI C	YR1	Ruch	7-
JUHN C.	RUFFIER	-54 E.	062600	us I ala	Carre Carre	lordn
BURIAL, CREMATION, REMOVA	AL 236. DATE 23	. NAME OF C	EMETERY OR CREMATORY	234 LOCATION	COUNTY	STATE
(SPECIFY) BURIAL	JAN. 20 1091	DAITTM	ODE HEDDEN			RYLAND
			100 - 17	TE REC'D. BY REGISTRAR 15	A REGISTRAR'S SIGN	
	L LEVINSON GADBRE	IS TNC	2.7	N 9 1 1009	10 1 fee A	Acres Alexander
	COUSE 101, stoting the underlying couse lost. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE STETEMENT OF THE STATEMENT OF THE STATEME	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CONTRIBUTING CONDITIONS CONTRIBUTING TO CONTRIBUTING CONDITIONS CONTRIBUTING TO CONTRIBUTING CONDITIONS CONTRIBUTING TO CONTRIBUTING CONDITIONS CONTRIBUTING TO CONTRIBUTIONS CO	gove rise to immediate couse (o1), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 21b. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21d. INJURY OCCURRED 21d. PLACE OF INJURY 1AT WORK NOT WHILE NO	Conditions, if only, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICALEXAMINER) 210, TIME OF INJURY AT WORK NOT WHILE AT WORK 1210, THORY OCCURRED 210, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED 210, ACCIDENT WAS UNDERLYING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 19 211, LOCATION STREET 211, LOCATION STREET 212, LOCATION STREET 213, ACCIDENT WAS UNDERLYING AND WHILE AT WORK AT WORK 210, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 190 CONDITIONS OF WHICH OPERATION WAS PERFORMED 210, ACCIDENT WAS UNDERLYING CONDITIONS OF WHICH OPERATION WAS PERFORMED 210, HOW INJURY OCCUR 119 DAY YEAR 1211, LOCATION STREET 2111, LOCATION STREET 2121, LOCATION STREET 2131, LOCATION STREET 214, LOCATION STREET 215, TIME OF INJURY INTURE AT WORK 216, HOW INJURY OCCUR STREET 217, LOCATION STREET 218, LOCATION STREET 219 ON that is conditionally (my) (own) opinion obove, (1) (we) (did) (did not) view the body ofter death. 220, SIGNATURE ATTENDING PHYSICIAN 2210, NAME OF CEMETERY OR CREMATORY ATTENDING PHYSICIAN 2210, NAME OF CEMETERY OR CREMATORY AND	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying cose lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS TO THE TERMINAL DISEASE OR CONDI	Conditions, if only, which gove rise to immediate couse (o), stoling the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 210, ACCIDENT WAS UNDERLYING 210, ACCIDENT WAS UNDERLYING 210, TOTAL CONTRIBUTING CAUSE OF DEATH (F ETHER, NOTER MEDICAL EXAMINER) 211, ACCIDENT WAS UNDERLYING 212, ACCIDENT WAS UNDERLYING 213, ACCIDENT WAS UNDERLYING 214, INJURY OCCURRED 215, TIME OF INJURY 216, INJURY OCCURRED 217, PACE OF INJURY 128 INJURY OCCURRED 218 INJURY OCCURRED 219 INTURY OCCURRED 219 INJURY OCCURRED 210 INJURY OCCURRED 211, INJURY OCCURRED 2120 I Certify that the (this hospital) attended the deceased from solve (1) (we) (individed individed in

Mary Three Parks it is when it is C COVAL

DHMH-16 30M 2/80

(VRA 15, 4)

FOR

- STATE

REGISTRAR

electronics 13. STREET ADDRESS 115 Riverthorn Road Branham Charles T. Cahall. Abingdon. Md. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE 81 and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN X /6/81 21204 elAir Mem. Gardens BelAir Harkord Burial JAN8 198 Howard K. McComas III. Abingdon. Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2h. HOUR

1:00P

HOURS

12b. KIND OF BUSINESS OR

81

DAYS

IF UNDER TYEAR



1881 - S.VAL - COLL GOLDHAMA - COLL MANAGE - 1981

- STATE REGISTRAR			DEPARIA		ICATE OF DEATH	HENE O	REG. NO.	U	0 0	6. 0
1. DECEASED NAME (TYPE OR PRINT)	First Marion		MIDDLE	Cai	rns		ary 6		DAY YEAR	2b. HOUR
3.SEX Female		4.RACE White		5. DATE O		6. AGE (IN)	EARS LAST BIRTHE		IF UNDER 1 YEAR	IF UNDER 24 HRS
New Jerse		U.S.A	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	1	recity <u>or</u> timore			ME
Lutherv:			HOSPITAL, NURSIN HEACHITY, GIVE STREET, CONDURY RO		dr other institution	12a. USUAL (TYPE OF WOR Admin	Secre	vorking Life etary	126. KIND C INDUSTRY Balto	· City
130. STATE Marylai	113h COUN		GIVE RESIDENCE BEFORE 134. CITY OR TOW Luthery		13d. INSIDE CITY LIMITS? YES NO T	13 3 STREET	address enbury	Rd.	21093	
14. FATHER'S NAME Frank		Cai	rns		15. MOTHER'S MAIDEN NA/ Mabel	ME I	MIDDLE	C	Campbe T	ĭ
(YES, NO PRUNKNO		MED FORCES? WAR OR DATES)	215-09-		Grace E. Cai	irns,		-	erary lee, Fla	Drive . 32308
	ATH WAS CAUSED		line for (a), (b), and	/	'ena Caval	200	strue	tro	APPROXI BETWEEN	IMATE INTERVAL ONSET AND DEATH
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gove rise couse (a), underlying		DUE TO, O	r as a conseque	NCE OF				·		
	er significant c	onditions <u>co</u>	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEAS	e or condi	TION GIV	EN IN PART 10	01
O TATE OF O	OPERATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO				
OR CONTRIBUTION	WAS UNDERLYING ON CAUSE OF DEATIFY MEDICAL EXAMINER	In .	FINJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NA	TURE OF INJURY	N ITEM 18 P	PART 1 OR PART 2}	
21d. INJURY C	NOT WHILE AT WORK	21e. PLACE (AT HOME, STR	OF INJURY IEET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET		CITY OR TOWN		COUNTY	STATE
22a.1 certify	that (1) (this haspit	ol) ottended th	e deceased from_	1.	ly 19 78	, to	an ?	0	19 8	that (I) (we) last

22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on above. (1) we) (did) (did not)

22b. SIGNATU 22d. PHYSICIAN'S NAME (TYPE OR PRINT)

w the body ofter death

DEGREE ATTENDING PHYSICIAN

MEDICAL STAFF
DIRECTOR | PHYSICIAN |

W. Wayland Eure, Jr. M.D.

22e. ADDRESS

1900 E. Northern Parkway, Terrace

23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial 1-12-81 23c NAME OF CEMETERY OR CREMATORY Meadow Wood Cemetery

23d. LOCATION
CITY OR TOWN
Tallahassee,

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

 ${\tt Florid}^{\tt STATE}_a$

24. FUNERAL DIRECTOR Ruck Towson Funeral Home,

1050 York Rd. Towson, Md. 21204 JAN BY REGISTRAR THE NEG

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

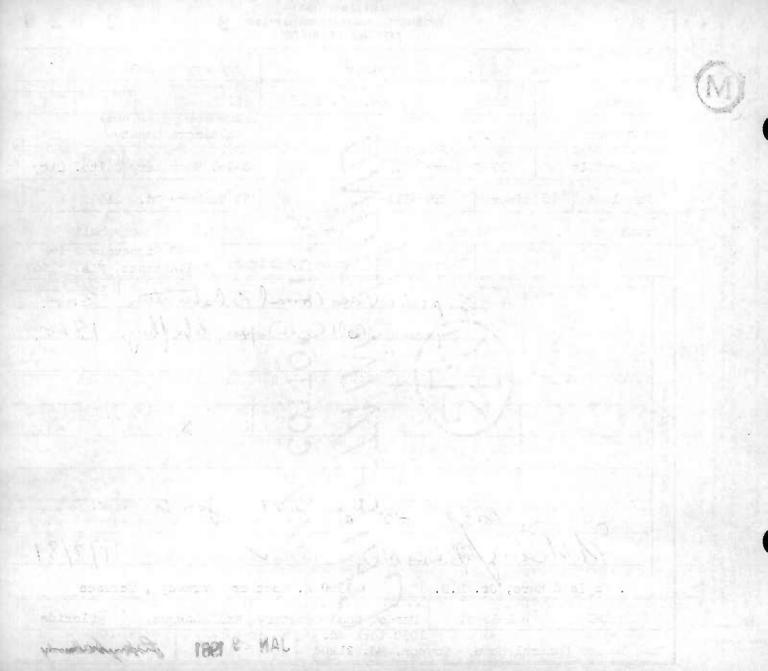
shauld be detached for use as with the State Dept. of Health

If Item

IMPORTANT:

FUNERAL DIRECTOR:

or Item 18 shaws

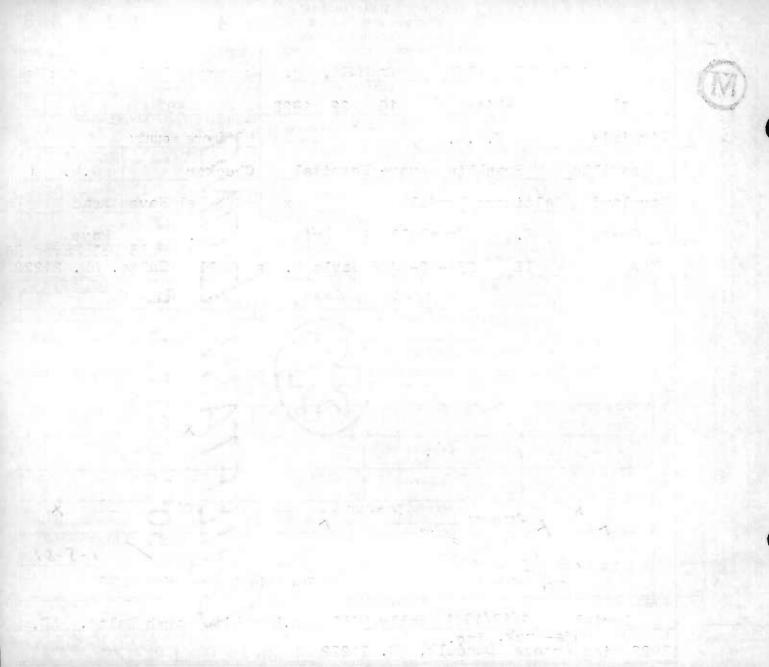


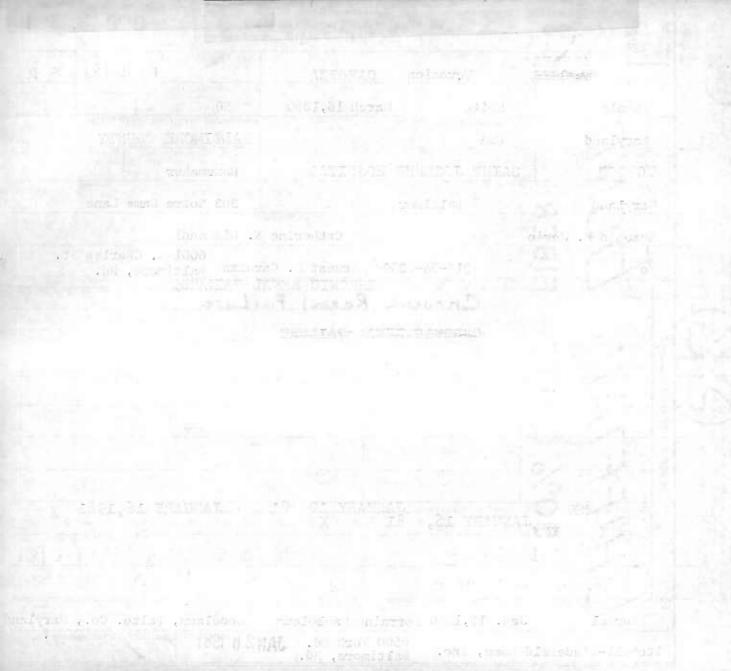
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2n DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) **EARNEST** CRETE CAMPBELL Sr. January 8. 4 RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS IF UNDER 1 YEAR Male White 1922 TO. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY irginia Baltimore County WIDOWED DIVORCED III. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR INDUSTRY Rossville Square Checker Franklin Hospital 13d. INSIDE CITY LIMITS? 8033 Del Baltimore Dundalk arvland Haven Road NO X 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Evie Crete Mays Campbell Del Haven 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT Balto. MD. 21222 234-22-0408 Yes Gavla E. Campbell 18 CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A COASEQUENCE O Conditions, if ony, which gove rise to immediate couse (0), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 71e PLACE OF INJURY 211 LOCATION 20 CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE -NOT WHILE to January 8 22a.1 certify that (this haspital) arended the deceased from December 29 sow the deceased alive on. and that in (n) (our) opinion death occurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL shauld be deto with the State [PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S MAKE 22e ADDRESS 9000 Franklin Square Drive 21237 Dr. DelMonte 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Mem.Gdn te Marsh 24 FUNERAL DIRECTO Duda-Ruck. 25a. DATE REC'D. BY REGISTRAR 25b ME TRAR'S SIGNATURE Inc. DHMH-16 30M 2/80 Dundalk. Avenue (VRA 15, 4)





Henry W. Jenkins & Sons Co.

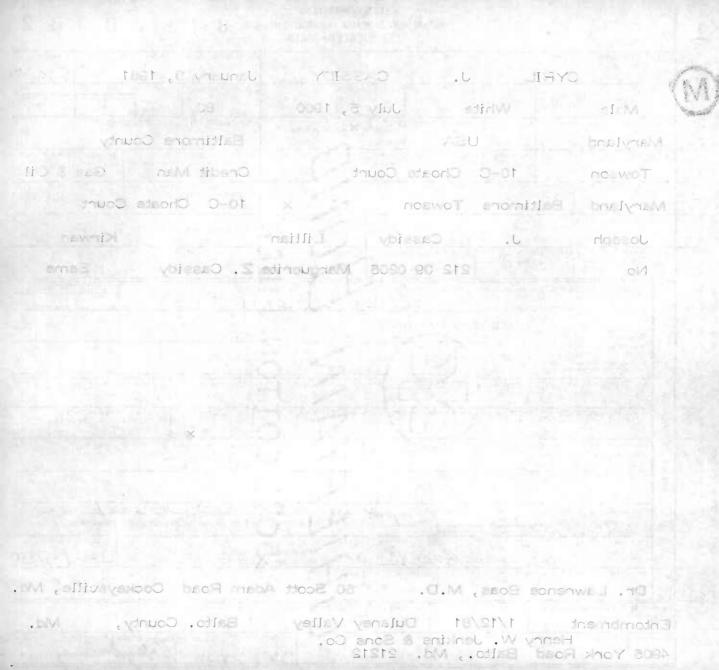
250. DATE REC'D. BY REGISTRAR 256 PEGISTRAR'S SIGNATURE

- STATE

24 FUNERAL DIRECTOR

4905 York Road Balto., Md.

DHMH-16 30M 2/80 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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10	: (Na)		PECRASED NAME JEROM	E J.	CASS IZZ I	26. DATE OF DEATH	1 16 '81 12:10A
	ge 4 may	3. S	MALE	4. RACE WHITE	S. DATE OF BIRTH MONTH DAY YEAR 1910	6. AGE (IN YEARS LAST BI	RTHDAY) IF UNDER TYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
0	leath. Pagineral direction 72 hours	7 -	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN		9 BALTIMORE CITY	OR COUNTY OF DEATH
6	by the fu	and a	OWS ON		URSING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ION 126. KIND OF BUSINESS OR
MARYLAND 2120	filled in fould be f		AL RESIDENCE (IF NURSING HOSTATE	DTHER INSTITUTION, GIVE RESIDENCE NTY 13c. CITY OR	TOWN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	hannon Dr-2/2/3
MARYLA	mpletely ond 2 sh	14. F	ATHER'S NAME	MIDDLE CASSIS	15. MOTHER'S MAIDEN N	AME	FINED
BALTIMORE,	e execution on a control on on a control on		WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL	SECURITY NO. 17 INFORMANT 3-0131 Mrs. THER.	ADDR	ESS
:	rtificate b physicia propapers. emovol.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one cause per line for (o), (l			APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH
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3	ed by the o		gove rise to immediate couse (a), stating the underlying couse lost.	(5)	RUENCE OF TORBIT		
RDS, 201	equires t n signed Then ple r to burio injury, or	NO	PART 2. OTHER SIGNIFICANT ((6)	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)
DIVISION OF VITAL RECORDS,	on. hos bee t permit. iene prior	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{c} \text{NO} \\ \text{TIPM NO} \\ \end{array}
OF VITA	HYSICIAN: The Haring physicion. Is certificate hos buriol-transit pe Mental Hygiene ar Hem 18 shows	11	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2}
IVISION	G PHY:	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21¢ PLACE OF INJURY (AT HOME STREET, FACTORY, OF	21f. LOCATION STREET	CITY OR TO	OWN COUNTY STATE
٩	ATTENDIN ospitol or eCTOR: Aft d for use ost 1. of Health		22a I certify that (I) (this haspi	tol) attended the deceased for the body after death.	81		ote and hour and from the couses stated
	OR he bothe Dep	1	774 SIGNATURA	The body one deom.	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	22c. DATE SIGNED 1/16/81
	TO HOSPITAL retained by the TO FUNERAL should be detained with the State IMPORTANT:	1	POLLA		22e ADDRESS	N. CHARLE	
7/03	Da Da M	-	BURIAL, CREMATION, REMOVAL		23c. NAME OF CEMETERY OR CREMATORY Cardens of tar	CITY OR TOWN	COUNTY
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n de		CEASED NAME FIRST	WIDDLE	- 1	LAST LAST	20.	DATE OF DEATH	MONTH DA	Y YEAR	2b HOUR
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oy the fulled with		andallstown	11. NAME OF HOSPITAL,			(1)	i USUAL OCCUPAT YPE OF WORK FOR MOST Retired-	OF WORKING LIFE)	12b. KIND OF	BUSINESS OR
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De Ound		George Ne	elson Cath	hcart	Cath	erine		K	affamh	orgon
Poges			IVE WAD OR DATES	10-3807	36 Holly	Mr. Cre	eston Lyl Severna P	e Catho ark, MI	art 21146	9-2
sicio pers ol.		18. CAUSE OF DEATH (Enter of	only one cause per line for (a)	, (b), ond (c).)						ATE INTERVAL
phy in pa		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0) CAR		ARRPA	IT			10 m	,
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ng physici certificate rrial-transi ental Hygi		21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI		TH DAY YEAR	21c HOW INJURY	Y OCCURRED	ENTER NATURE OF INJU	JRY IN ITEM 18, PART	1 OR PART 2}	
ottendir ter this ts the bu h and M rked ar	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY		211 LOCATION STREET		CITY OR TO	OWN	COUNTY	STATE
A A A A A A A A A A A A A A A A A A A		220.1 certify that (1) (this hasp	pital) attended the deceased	from 2/15	/77 19	9	10 1/21	, 19	<u>\$/,</u> th	of (HT we) lost
prite prite prite for of H		sow the deceased alive a above. (1) (we) (did) (did n	not) view the body after death	_195/, 0	nd that in (hy)(our)) opinion deot	h occurred on the d	ote and hour a	nd from the co	uses stoted
hos hos hed ept. ept.		22b. SIGNATURE	or view yet body oner dean	1	DEGREE				22c. DATE SI	GNED
AL C AL D AL D detoc ote D AT: If		Martin E	Shotel	m	3 ATTEN		MEDICAL STA		1/2	1/81
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E 5 F 0 3 Z		BURIAL, CREMATION, REMOVA			EMETERY OR CREM		236 LOCATION		OUNTY.	STATE
BP		Burial	1/24/81	Woodlaw	n Cemeter	y	Woodlawn	Bo	iltimor	e MD
HMH-16 30M 2/80	24 F	NERAL DIRECTOR Lorin	ig Byers Funer	ral Direc	tors, P.A	250 DATE RE	C'D. BY REGISTRAR	25b. REGISTRA	R'S SIGNATUI	RE
(VRA 15, 4)	87	28 Liberty Rd.,	, Randallstown	n, MD 211	55	JAN 2	3 1981	group	april 1000	may .

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(VRA 15, 4)

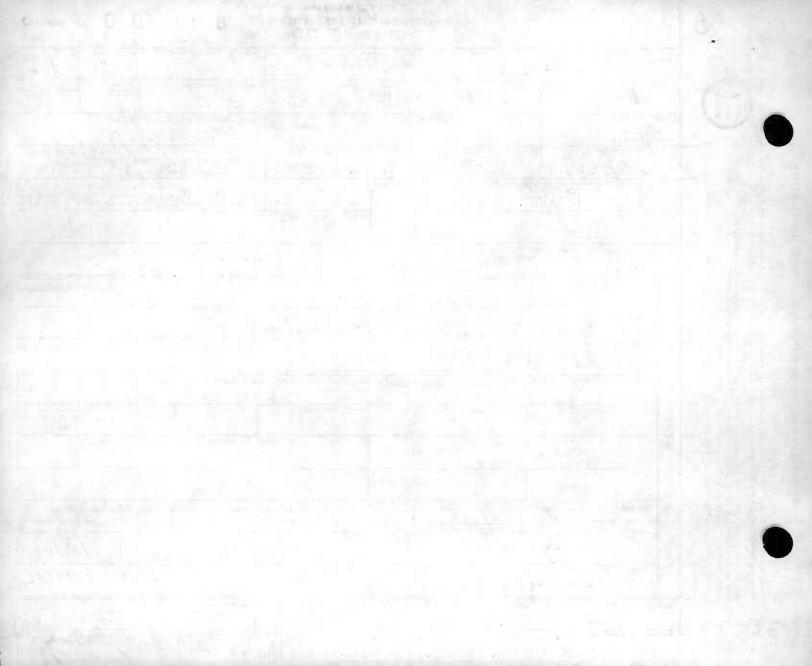
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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10034	14 F/	ATHER'S NAME FIRST UNKNOWN	DOLE KARAS	SIK IS. MOTHER'S MAIL	UÑ	RNOWN	LAST			
Pages 1 and Samp		VAS DECEASED EVER IN U.S. ARM (15, NO OR UNKNOWN) (15 YES, GIVE V		1470	SOL CHAIKI	ADDRESS N APT 101	#21133			
Then please remove carboior to burial, cremation, or any injury, or other traum	NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSECUTION OF THE PROPERTY OF			CONDITION GIVE	N IN PART 1(0)			
shows	CERTIFICATION	190 DATE OF OPERATION		CH OPERATION WAS PERFORMED	200 AUTOPSY YES NO	IN CERTIFY	WERE FINDINGS USED YING CAUSES OF DEATH?			
ental H		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR	OCCURRED (ENTER NATURE O	OF INJURY IN ITEM 18, PAI	RT 1 OR PART 2)			
th and M marked	MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.) 211 LOCATION STREET	CITY	OR TOWN	COUNTY STATE			
hed for use a Dept. of Heal If Item 21 is		220 F certify that (1) (this haspital saw the deceased alive on abave, (1) (we) (did) (did not 22b. SIGNATURE	1//2/ 19	0-1	opinian death occurred on	the date and haur	19 , that (II (we) last and from the causes stated 22c. DATE SIGNED			
should be detached for u with the State Dept. of 8 IMPORTANT: If Item 2		226. PHYSICIAN'S NAME (TYPE ORI			DING MEDICAL DIRECTOR PACTIMONE CL		1/12/8/.			
should with 1	(BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	23b. DATE 23 JAN. 13, 1981	NAME OF CEMETERY OR CREMA WORKMEN CIRCLE	BALT	IMORE '	COUMARYLAND			
HMH-16 25M RA 15, 4) 1/79	24 F	UNERAL DIRECTOR SCL LI 6010 REISTERSTO	ADDRESS		JAN 14 19	TRAR 256, REGISTR	Mrs 5 19 Williamy			



BALT., MD.

- STATE

(VRA 15, 4)

ANATOMY BOARD OF MB.

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

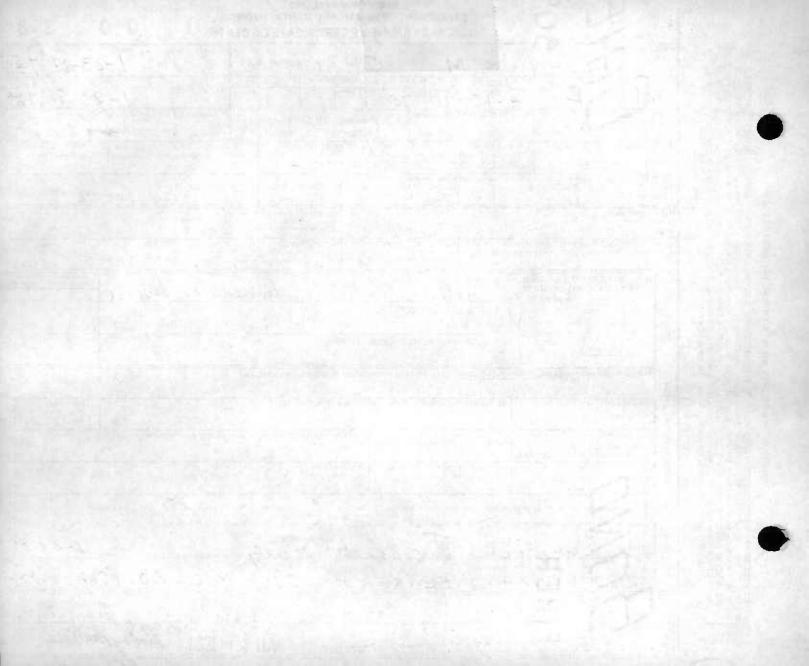
CERTIFICATE OF DEATH

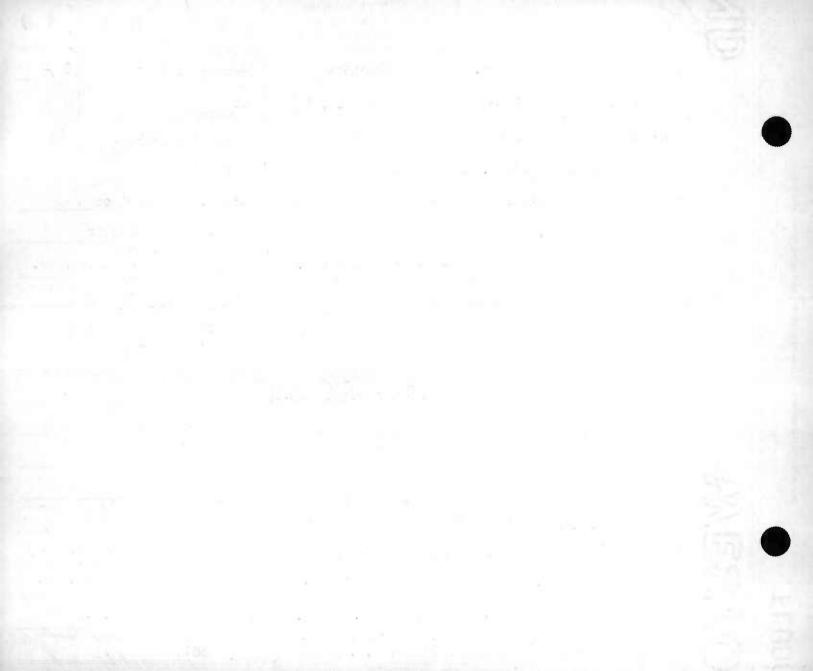
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A DESCRIPTION OF AD. SAIT., AD.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN (TEXPE OR PRINT) OF ESTI-DEATH MATED 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR 3 SEX 4. RACE IF UNDER 24 HRS DATE LAST BIRTHOAY) PRONOUNCED DEAD 70 YRS 7b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY Virginia USA Baltimore WIDOWED -DIVORCED TO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION TYPE OF WORK 12h. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore Baltimore County General UAL RESIDENCE (IE IN NURSIE - E OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 3a. STATE NO 14412 Belview Avenue Maryland Baltimore IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST MIDOLE LAST MIDDLE Nancy Mears Antonio Chapman ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO, OR UNKNOWN) (IF YES GIVE WAR OR DATES) 227-12-6545 J. Chapman, Jr. 4412 Belview Ave. No APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (gf), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E DEPARTMENT OF PRIOR TO BURIAL, OF YES [] NO 1 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e. PLACE OF INJURY (AT HOME, 211. LOCATION 21d. INJURY OCCURRED AT WORK AT WHILE STATE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY 22a. I certify that I took charge of the remains described above, held an Inspection and in my opinian Autopsy Suicide Hamicide Undetermined monner Notural couses TO MEDICAL EXAMI
EXECUTE THE CERTIFPAGE 4 SHOULD BE
TO FUNERAL DIRECT
AFTER DEATH WITH
BALTIMORE, MARYLA DATE EXAMINER'S NAME (TYPE OR PRINT) 23a, BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATOR) (SPECIFY! 1/26/81 Campbell Chapel Cem. Springfield. Burial 24. FUNERAL DIRECTOR DHMH - 17 VR A15 ME (5)) Wm. C. March F/H 1101 E. North Avenue 15M 7/76





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ì	3. SEX		RACE	5. DATE OF BIRTH MONTH DAY 5/13/2	YEAR	LAST BIRTHD	AY) MONTH		IF UNDER 2		RONOUN DEAD	NCED	MON		DAY YE	2d HOUR 2:15
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no		Missou			SA	*11(1;	WIDOW		VER MARRIE							
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0				(IF NOT IN SUCH F				Tonn	a Dda		OST OF WOR	rking Life)			OR INDU Railn	
-	USUA	L RESIDENCE (H	IN NURSING HOME C	Holiday OR OTHER INSTITUTION, G	IVE RESIDENCE	BEFORE ADMISSI	ON)	ddoc							Rave	
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	z	TAME 2 OTHER SIGN	IIIICANI CONVILIONS	CONTRIBUTING TO GEATH	BUT NUT KEL	RIED TO THE TERM	HWAL DISEASE	OK COMULTIO	N GIVEN IN PARI	[[[]]						
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3	NC	UNDERLYING	OR		A. MONTH		2								1100	
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	-	JNERAL DIRECT	OR Henn	y W. Je	nkins	& So	ns C	0.	250. DATE RI			AR 25b. P	GISTRAI	R'S S GI	NATURE	2.
)	490	05 York	< Road	Balto.,	Md.	212	12		FEB	2	1981	1	7	1000	7	7

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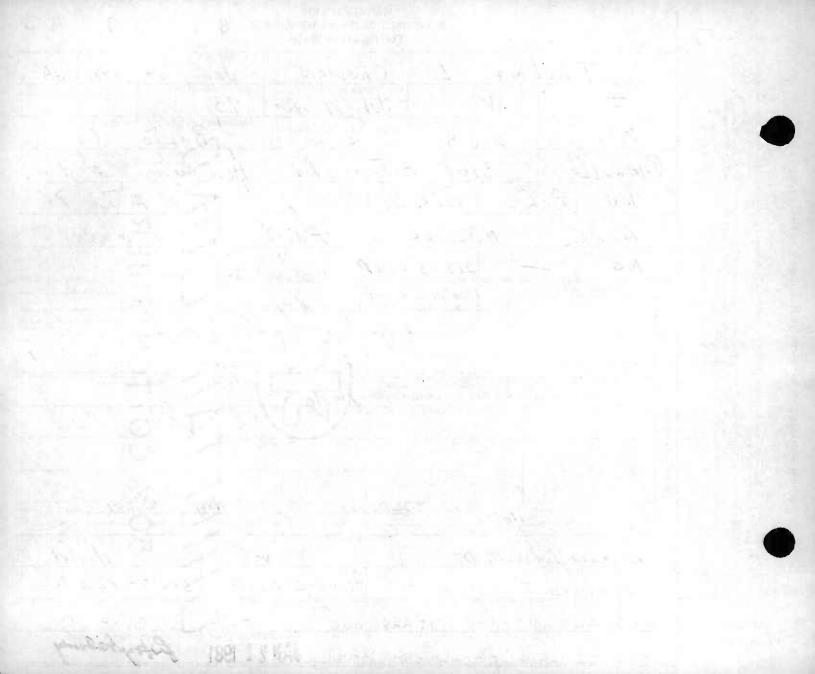
Buriel 22 61 Cetral Caroter Frederick Jours, M. .
Hinny W. Jenine & Son Co.
- Stock Foot Balto., M. . 21212

DIVISION OF VITAL RECORDS, 201

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N	FOR STATE REGISTRAR					AND MENTAL		REG. NO) 0	3 4
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	female	white		,1957 24	IN YEARS IF UNITED IN YRS.		R 24 HRS. 2c. DATE MIN. PRONOU! DEAL	NCED D	монтн 1	29 19 81
17	BIRTHPLACE (SPOREIGN COUNTRY) TENNES	SEE	U	.S.A.	WIDOW		CED XX Ba	altimor	e 204	exyx COUNT'S
0	ESSEX	/	1015 D	DSPITAL, NURSING H FACILITY, GIVE STREET ADDR Dld Easter	n Avent	ER INSTITUTION 16	FOR MOST OF WOI	PATION (TYPI RKING LIFE) NT	E OF WORK	OR INDUSTRY NURSING
) 130. M	ARY LAND	BALT	OR OTHER INSTITUTION, TY TIMORE	REISTERS		YES NO	13e. STREET ADDRI 269 SUNN	YKING	DR.,	EXT. #211
	FATHER'S NAM FIRST RAYMON	D E	EDWARD	PRIČE	7	15. MOTHER'S MAIL BETTY	LÝ			PRES'SMAN
160.	NO NO, OR UNKN		WAR OR DATES)	16b. SOCIAL SEC			MR. COLEMA YKING DR.,			#21136
7	gave r cause (a lying cas	ins, if any, which ise to immediate) stating the <u>under-</u> use last.	(b) DUE TO, O	R AS A CONSEQUENT AS A CONSEQUENT HEAD TO THE	ICE OF	E OR CONDITION GIVEN IN I	PART 1 (a).			
FICATIO	19¢ DATE OI	OPERATION	196 COND	DITION FOR WHICH (OPERATION W	AS PERFORMED?				20 AUTOPSY?
MEDICAL CERTIFICATION	210 EXTERNA UNDERLYING CONTRIBUTI	AL CAUSE WAS OR NG CAUSE OF		M. MONTH DAY	YEAR	OW INJURY OCCURE	RED LENTER NATURE OF IN	IJURY IN ITEM 18 F	PART 1 OR PAR	
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MEDICAL CERTIFICATION	22a. I cert death result ACTUAL SIGNATURE		ge of the remains di	escribed abave, held Accident ,	Suicide M	Hamicide TITLE (SPECIFY) Assistan	Undetermined mo	anner ,	d in my ap DATE SIGNE	1 /30 /0:
J	ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRI	ned fram: Notw	Hormez	Accident ,	Suicide M.D.	Hamicide TITLE (SPECIFY) Assistan	Undetermined mo	anner [],	DATE SIGNE	D 1/30/8:

- AND 1911 1912 937



2	1	FOR - STATE REGISTRAR		DEPARTM	STATE OF MARYLAI ENT OF HEALTH AND M CERTIFICATE OF DI	ENTAL HYGIENE	8 1	0 0	3 4 4
(M)		CEASED NAME FIRST LE OR PRINT)		Clor	LAST S. DATE OF BIRTH	2a. [JAN 1 1	981	YEAR 26. HOUR 12:10AM
ge 4 m ector urs oft	3. 30	M	W W		MONTH DAY	966	8/	YRS.	DAYS HOURS MIN.
Jeoth. Pour 72 hour 72 hour		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF W	harrier Land	MARRIED NEVER M.	ARRIED A	ALTIMORE CITY OF	W N.	ATH MD.
softer de by the fur filed within	10.0	TAKNEY	11. NAME OF HO	SPITAL, NURSING	HOME OR OTHER INSTI	(TYP	USUAL OCCUPATION OF WORK FOR MOSE OF	WORKING LIFE) INDI	KIND OF BUSINESS OR USTRE
AND 213	USU 13a	AL RESIDENCE (IF NURSING HOME OF	NTY II	IVE RESIDENCE BEFORE	13d. INSIDE CIT	TY LIMITS? 13e	STREET ADDRESS	Hillton	DR
makeyer ed withir mpletely ond 2 sh	14. F.	ATHER'S NAME FIRST	CHARK	LAST		MAIDEN NAME	TMIDDLE ITERN	EV	LAST
BALTIMORE, MARYLAND 2120 sole be executed within 24 hours ysicion and completely filled in by opers. Poges 1 and 2 should be fill wol. it, the medical examiner must be no	160		MED FORCES2 1 VE WAR OR DATES)	66 SOCIAL SECUR	TY NO. 17. INFORMAN	1	ADDRES ECORILS	ss /	
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per l	Par (a), (b), and	Chi)	Esoph	igus u	vith	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
death certi death certi attending I		1509	DUE TO,	as a l'as ta	todisease	of hed	cartinum	n	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING PHYSICIAN: The low requires that the death certificate has been signed by the attending place. This certificate has been signed by the attending places the burial-transit permit. Then places remove carbang than and Amental Hygiene prior to burial, cremation, ar removed at them 18 shows any injury, or other troumatic events.		Canditians, if only, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR A	AS A CONSEQUEN	CE OF	0			15 //////
DS, 201 quires the signed be hen pleo to buriol,	Z	FART 2. OTHER SIGNIFICANA	CONDITIONS CON	TRIBUTING TO DE	ATH BUT NOT RELATED T			OTTION GIVEN IN PA	ART I(a)
nos been permit. Tine prior t	CERTIFICATION	19a DATE OF OPERATION		ON FOR WHICH O	PERATION WAS PERFOR	MED 20	a AUTOPSY?	206. IF YES, WERE IN CERTIFYING C	AUSES OF DEATH?
IVSICIAN: The Idan physicion. s certificate hos burial-transit per Mentol Hygiené ri fem 18 shows		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTION CAUSE OF DE			YEAR		ENTER NATURE OF INJURY	YES TORP	NO _
DIVISION OF VIII SINDING PHYSICIAN: R. After this certificouse as the burial-tran- Health and Mental Hy is marked or Item 18	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE WHILE	21e. PLACE OF	IN URY FACTORY, OFFICE, FAR	19 211. LOCATION STREET		CITY OR TOW	N COU	NTY STATE
NS N		279 I certify that (I) (this hasp	toll offered the s		Afril	. 19 78	. Dec	19.80	, that (I) (we) lost
Al OR ATTER 7, the hospito AL DIRECTOR detoched for one Dept. of H IT: if them 21 if		Ohove Condidate	.20	ter death.	DEGREE			77c	DATESIGNED
ERAL e dette Stote	1	226. PHYSICIAN'S NAME LIVES	SEPRENCE Y	MA	22e ADDRESS	TENDING ME	DICAL STAFI	RIT	1/3/81
TO HOSF retained TO FUNI should be with the	23a. :	BURIAL CREMATION, REMOVAL		M(1)	ME OF CENTERRY OR CE	Harfore 123	d. LOCATION CITY OR ACTION	Dallo	MC 2/13
BP	7.4 E	DUKIA UNERAL DIRECTOR	1-3-8	1 St.	Joseph's Full	ERTON	D. BY REGISTRAR 2	to ho country	INU
DHMH-16 30M 2/80 (VRA 15, 4)	1	EVANS FUNERAL	MAPEL :	8800 And	ren Ko	JAN	6 1981	Fritzy !	ISNATURE Classify

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6500 York Rd.

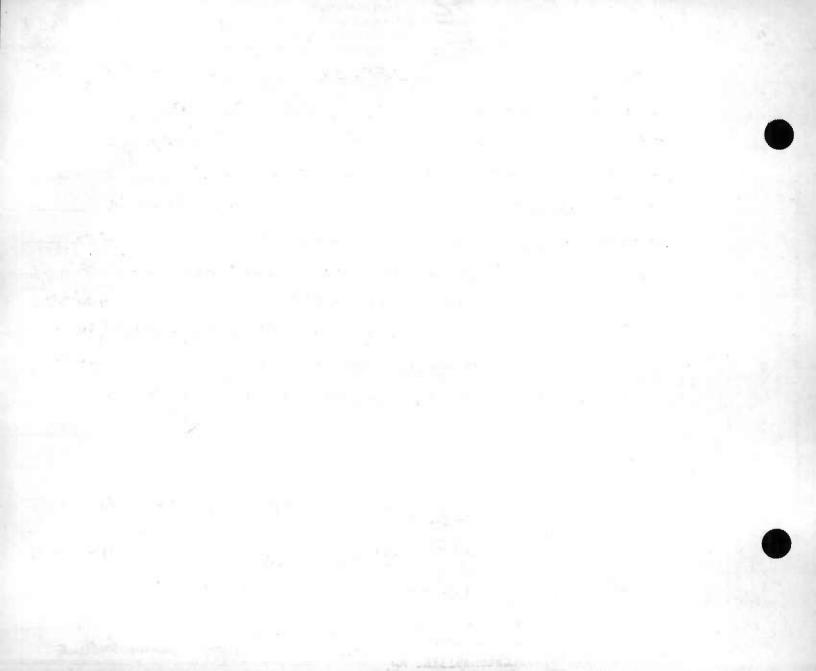
FOR &

(VR A 15 (4))

MITCHELL-WIEDEFELD HOME, INC.

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	1-	FOR STATE REGISTRAR	DEP	CERTIFICAT		REG. NO.	0 0 3 4 6
-4	1. DEC	CEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
18		BESSIE		CLEFFL	ER	/-	17-81 9PN
1	3 SEX		4 RACE	5. DATE OF BIRT	H YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	70 81	EMALE RTHPLACE (STATE OR FOREIGN	75 CITIZEN OF WHAT COUN	JTPV2 8	7/83	9 BALTIMORE CITY OR COUN	
X2		DUNTRY)	11 5 A	MARRIED U	DIVORCED	BH CALLES	
The state of the s	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N			120. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
10	B	ALTIMORE	SHANGRI -L	1 MURSI	is Home	(TYPE OF WORK FOR MOST OF WORKING HOUSewife	Own Home
25	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OF TATE	OR OTHER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION)	0	13. STREET ADDRESS	
5	2	mo BA	270 Arbut	US YES		1822 Pake	OCR
0	14. FA	THER'S NAME	MIDDLE		OTHER'S MAIDEN NAM	AE MIDDLE	LAST
8	(hARLES	SEY	5	REGINA	ADDRESS De	KEYS
1			IVE WAR OR DATES)	SECURITY NO. 17 IN	NFORMANT	DQ.	lto. Md. 21227
		NO	220-	22-68/6 (MARIES C	LEFFLER 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
١		PART I. DEATH WAS CAUS		of colo	e41=		SETWEEN ONSET AND DEATH
	12	LL 2 G 2	ATE CAUSE (o)	acreo ce	,		100
		Conditions, if any, which	DUE TO, OR AS A CON	SEQUENCE OF	browie A	trial Fib + LB	(BB) gears
		gove rise to immediate couse (0), stoting the	DUE TO, ORAS A CON	SEQUENCE OF	0 1	4	7
		underlying cause last.	1 Gene	yolized	Anter	ioscleson	's years
	~			G TO DEATH BUT NOT	RELATED TO THE TERMI	INAL DISEASE OR CONDITION C	GIVEN IN PART 1(0)
1	10	7 700	ell CA	of C.V	aso long	al region	C WEST ENDINGS HEST
7	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR V	VHICH OPERATION WA	5 PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
0	ERTI	21a, ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c.	HOW INJURY OCCURR	YES NO NO NEED (ENTER NATURE OF INJURY IN ITEM 1	YES NO
9		OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTE	H DAY YEAR			
1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	210 PLACE OF INJURY		LOCATION		
	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
			pital) attended the deceased	from 5-2	2- 1977		_ 19_81_, that (D)(we) lost
		sow the deceased alive a	ndt) view the body after death.	19 8 , and that	in (my) (our) opinion d	death accurred on the date and h	our and from the causes stated
		22b. SIGNATURE	000	DEGRI		MEDICAL STAFF	22c. DATE SIGNED
			e esuev	u.)	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	1-18-81
1		22d. PHYSICIAN'S NAME (TYPE			ADDRESS 6	0201.00	
1			ALLE CAVE		75100	74 (+ · 1CO)	
	23o. I	BURIAL, CREMATION, REMOVA	AL 23b. DATE	230 NAME OF CEMET	ERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
	,	Burial	1/21/81	Loudon Pa	1.	Baltiomre	Md



	1.	FOR - STATE REGISTRAR	DEPARTMENT C	ATE OF MARYLAND OF HEALTH AND MENTAL HYGI TIFICATE OF DEATH		003	47
age 3	I. DE	CEASED HAVE FRST	C. Clamens			9, 1981	26. HOUR
MM)	3. SE	×	i//	TE OF BIRTH DINTH UG 15 / 968 YEAR	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS	
22 min 72	lo B	RTHPLACE (STATE OF FOREIGN OUNTRY)	11.375	RIED NEVER MARRIED DIVORCED	Balt	county of DEATH imore Count	MD.
by the tilled with	Т	OWSON	11. NAME OF HOSPITAL, NURSING HOM (IF NOT INSUCH FACULTY GIVE STREET ADDRESS) ST. JOSEPH HOS	pital	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF	WORKING LIFE) 126 KND WORKING LIFE) 110 USTR	OF BUSINESS OR
filled in hould be	13a :	STATE MAD 136 B	ROTHER INSTITUTION, GIVE ADJUDENCE BEFORE ADMISSI NTY 13 CATY OR TOWN 1 1 20 CATY OR TOWN	13d INSIDE CITY LIMITS? YES NO		NE MAIN ALE	
ond 2 sh	14. F/	THER'S NAME KULKN	Chiluress LAST	15. MOTHER'S MAIDEN NAM	bath Mil Br	RAULE!	AST
Pages 1		VAS DECEASED EVER IN U.S. AI YES, NO OF UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SECURITY NO 705-492	2 17 INFORMANT LAND	y RECORD	SS /	
n signed by the attending physica. Then please remove corbonopoper rato burial, crematian, or remaval. injury, or other traumatic event, th	lon	Conditions, if ony, which gove rise to immediate couse to to storing the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF CONDITIONS CONTRIBUTING TO DEATH		NAL DISEASE OR COND	DITION GIVEN IN PART	ay.M.
cate hos been onsit permit. Hygiene priar IB shaws ony ii	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	TION WAS PERFORMED	20a. AUTOPSY? YES □ NO 🍑	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	DINGS USED ES OF DEATH? NO [
e os the burial-tronsit alth and Mental Hygie marked or tem 18 sho	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE HOT WHILE AT WORK AT WORK		21f LOCATION	ED (ENTER NATURE OF INJUR'		STATE
Ched for us ched for us Dept. af He Item 21 is		226. I certify that (I Ahis hosp say the deceased affect or oblave, III (we) (did) (did) and the 276. GIGN ATURE	the body after death.	DEGREE ATTENDING PHYSICIAN	AMEDICAL STAF	22c DA1	, that ((we) ast the couses stated
should be deto with the State I		cloppe of N	Messine M.	220 ADDRESS Lase	de Hospi	TRL	
- 3 3		DURIAL CREMATION REMOVE	1-12-81 236 NAME C	OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	, McCOUNTY	STATE
16 50M 1/76 A 15 (4))	24 F	UNERAL DIRECTOR NAME LAMES TINEBER	1 Chapal 100 8 860 /	ARTORO PO 1250. DATE	REC'D. BY REGISTRAR	Roby May	Rice of

A Maria Catal and A San Line and Catal and had been the former to the first the Many Administration of the second of the second The street of th The state of the s The state of the s injury, or other troumatic event, th

IMPORTANT: If Hem 21 is morked or Hem 18 shows any

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1000	REGISTRAR						F	REG. NO.		
		CEASED NAME FIRS	ST.	MIDDLE	L	AST		2a. DATE OF DE	ATH MONTH	DAY YEAR	2b. HOUR
	{IYPE	OR PRINT) Bra	xie	Ellen	Cobi	in		January	9, 198.	1	3:32A N
	3. SE	Х	4. RACE		5. DATE O			6. AGE (INYEARS	LAST BIRTHDAY)	IF UNDER I YEAR	
)		male	White		April	15,	$19\overset{\scriptscriptstyle{YE}}{19}$	61	YRS		HOURS MIN.
*		RTHPLACE (STATE OR FOREIGH	N 76. CITIZEN O	WHAT COUNTRY	8.	ATT NEVED	MARRIED -	9. BALTIMORE	CITY OR COUN	ITY OF DEATH	
5		st Virginia	U.S.A		WIDOWE		NORCED	Baltimo:	re Coun	ty	MD
^		ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSI	TADDRESS)				R MOST OF WORKING		OF BUSINESS OR
1		odmoor		hom Rd. W	oodmoo	or, Md	. 21207	Homemak			
		AL RESIDENCE (IF NURSING HO STATE 136 (OME OR OTHER INSTITUTIO COUNTY	N. GIVE RESIDENCE BEFOR	RE ADMISSION)	13d INSIDE	CITY LIMITS?	13e. STREET ADD	DRESS 3510	Rhom Ro	₹.
5	Ma		alto.	Woodmoo		YES 🗌	NO 12	Woodmoo:			
		THER'S NAME				15. MOTHER	'S MAIDEN NA	ME			
C		Claude	Emest	Hunt		Lore	FIRST	M	NDDLE	Murph	AST
	16a V	VAS DECEASED EVER IN U.			URITY NO.		ANT Mr.	T 1 201 J	ADDRESS O	obun	19
			ES, GIVE WAR OR DATES)								
		no -		230-01-5		3510	knom ka	. Woodmo	or, Ma.		NAME OF TAXABLE PARTY.
		18 CAUSE OF DEATH (En	ter only one cause pa	1 1 -	nd (cl.)		DTO	1		BETWEEN	NONSET AND DEATH
			EDIATE CAUSE (o)_	Nute	100	Carola	1 +1	70		Shall	- ont
		4-100	DUE TO,	OR AS A CONSEQU	NCE OF	. 0				4	re
		Conditions, if ony, which		Com 10	Mero:	Tilon					3,
		gove rise to immedio couse (a), stating the		OR AS A CONSEQU	ENCE OF						
		underlying couse los									
		PART 2. OTHER SIGNIFICA	ANT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	MINAL DISEASE O	R CONDITION (GIVEN IN PART I	lto
	o O	COPD +	-Chr. B	voult	; ()	Jalus	Les V	vach-os	5.5		
	AT	190. DATE OF OPERATION	19b. CON	DITION FOR WHICH	OPERATION	WAS PERF	ORMED	20a. AUTOPS		YES, WERE FIND	
	Ħ							YES TO N	OL LIN CER	RTIFYING CAUSE YES	NO T
	CERTIFICATION	21a. ACCIDENT WAS UNDERLYIN		OF INJURY		21c. HOW I	NJURY OCCUR	RED (ENTER NATURE			
		OR CONTRIBUTING CAUSE	OFDEATH	A.M. MONTH D		6.00					
	MEDICAL	116 INJURY OCCURRED		P.M. E OF INJURY	19	21f. LOCAT	ION				
	ME	WHILE NOT WHILE		TREET, FACTORY, OFFICE.	FARM, ETC }	STRE		C	ITY OR TOWN	COUNTY	STATE
		AT WORK AT WORK	1 11 11 11			1					4
		22a. I certify that (I) (this saw the deceased ali		the deceased from.		d that in (m)	, 19	death accurred a	n the date and l		, that (I) (we) last
		obove, (V (we) (did) (d	d not) view the boo	ly ofter death.			, (out) optimon	deom occurred o	ii iiie dote ond t		
		226 SIGNATURE	100	1	/	DEGREE	ATTENDING	AFOICAL	STAFF	22c. DA1	TE SIGNED
		-Ulgol		1-1	w		PHYSICIAN	DIRECTOR		1/1	19
		124 PHYSICIAN SHAME	(THE OR HENT)			22e. ADDRE					
		Stephen Ma	rgolis			10219	South I	Dolfield	Road Or	wings Mi	lls,MD

BP

DHMH-16 30M 2/80 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL BURIAL 23b. DATE 1-12-81

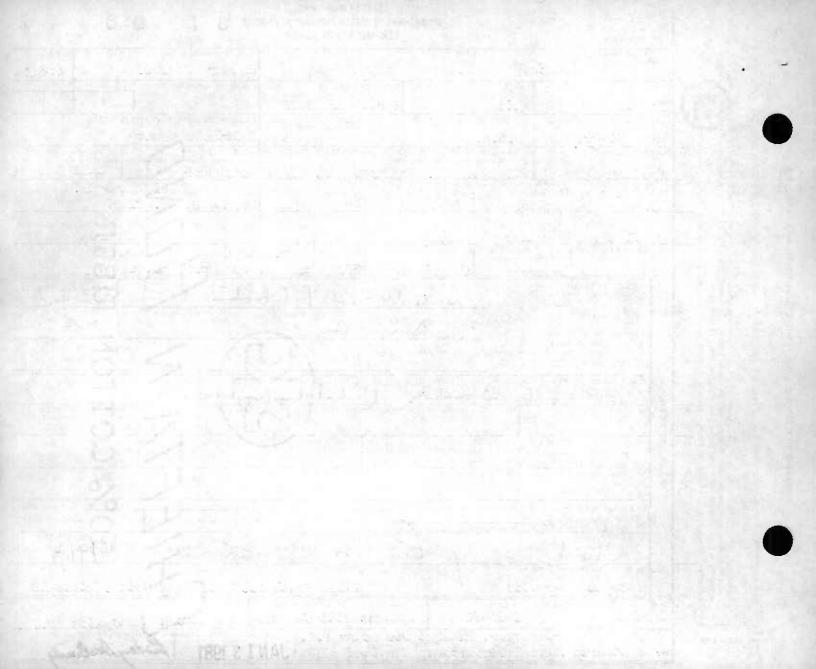
23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery

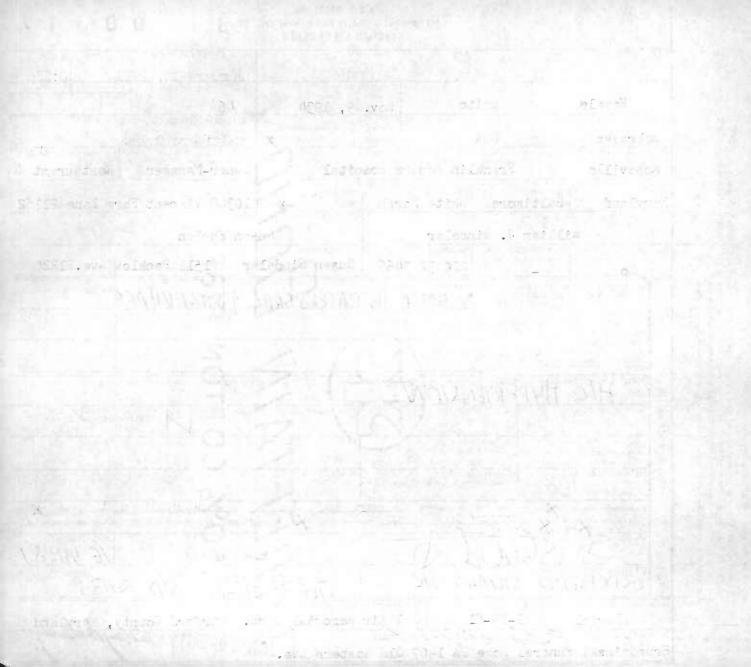
23d LOCATION
CITY OR TOWN
Morgan town

Monogalia

STATE

^{24 FUNERAL DIRECTOR} Loring Byers Funeral Directors, P.A. 8728 Liberty Road Randallstown, Maryland 21133

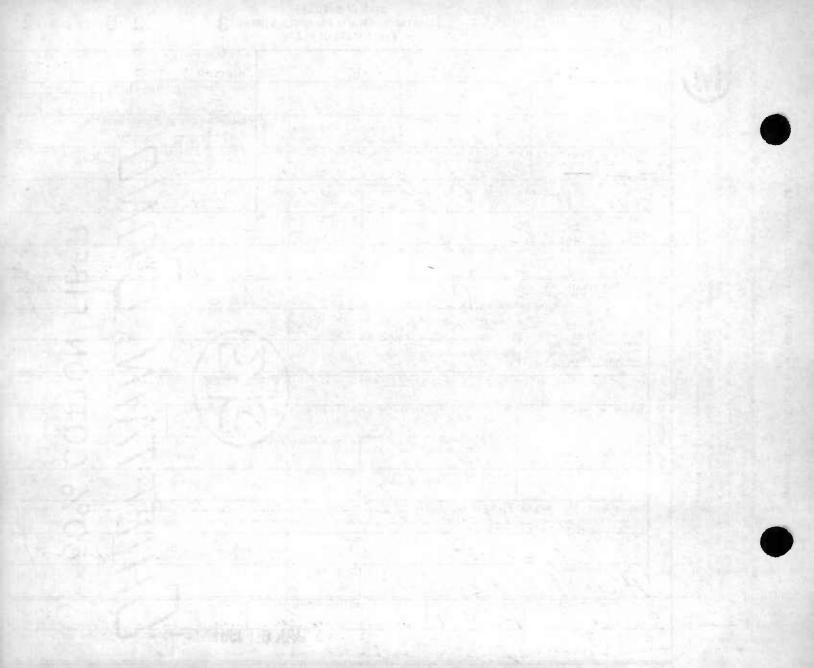




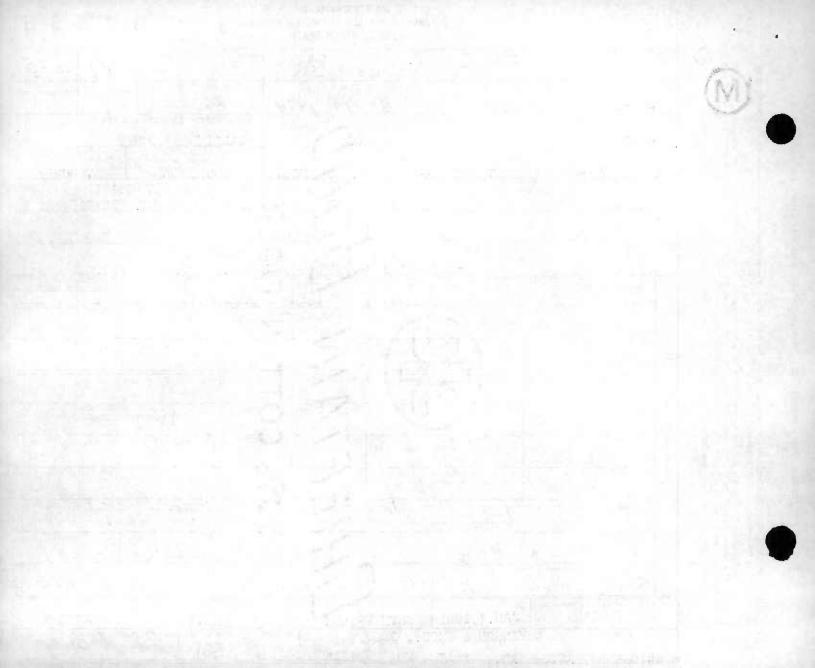


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	1.	STATE REGISTRAR		DEPART	CERTIFICATE OF		REG. 1	U 10.	0 3	3 6
- 1		CEASED NAME	FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
E BLAN		OR PRINT)	Glenn	Michael	COOK		January 1.	1981		10:35 _a ,
	3. SE	male		Thate	5. DATE OF BIRTH	P TO	6. AGE (IN YEARS LAST B		UNDER I YEAR	IF UNDER 24 HRS
dire.	7 ti. B	IRTHPLACE (STA	TE OR FOREIGN 7	b. CITIZEN OF WHAT COUNTRY	8. MARRIED NEVER	WARRIED TA	BALTIMORE CITY		FDEATH	
35		Shed.		U. S. A.		NORCED	Baltimore	County		MD.
55	700	THOR TOWN O	1862	1. NAME OF HOSPITAL, NURSI		STITUTION	12a. USUAL OCCUPA (TYPE OF WORK FOR MOST		12b. KIND O INDUSTRY	F BUSINESS OR
30/		AL RESIDENCE I	IN COUNT	THER INSTITUTION GIVE RESIDENCE BEFO		CHÝ LIMITS?	13e. STREET ADDRESS	2	Cir	2123
\$20		Mid.		Jacks	YES 🖰	NO 🗆	1106 W.	Honek	ma,	h.
300	14 6	Inest Priest	Quality	ROLE Coak	15. MOTHER	S MAIDEN NAM	of MIDDLE	ls	LAS	1
licol		WAS DECEASED	EVER IN U.S. ARM		URITY NO. 17 INFORM	ANT	ADDI		<u> </u>	21230
med		NU	[IF TES, GIVE	WAR OR DATES)	Dorath	u L. 6	rok -110	6 W.	Hond	hung Ja
other froumotic event,		PART I. DEA Conditions, if gove rise to couse [0], underlying	IMMEDIATE any, which immediate stating the	DUE TO, OR AS A CONSEQU	piratory have is	Fai Mus	lure culor D	ystropy	,	MATE INTERVAL ONSET AND DEATH
to buriol njury, or	N O	PART 2. OTHER	SIGNIFICANT CO	DINDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATE	D TO THE TERMI	NAL DISEASE OR CO	NDITION GIVEN	IN PART 1(c	31
18 shows ony ii	CERTIFICATION	198 DATE OF O	PERATION	196. CONDITION FOR WHICH	OPERATION WAS PERF	ORMED	20a. AUTOPSY? YES □ NO 🐼	20b. IF YES, W IN CERTIFYIN YES [NG CAUSES	NGS USED OF DEATH?
Hem 18 sh		OR CONTRIBUTING	AS UNDERLYING COME CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	NJURY OCCURRE	ED (ENTER NATURE OF IN)	URY IN ITEM 18 PART	1 OR PART 2)	
ked or it	MEDICAL	21d INJURY OC		21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	21f. LOCAT		CITY OR 1	OWN	COUNTY	STATE
E				l) ottended the deceased from,	9-30	1980	_, to	-22 19	80	that (I) (we) last
21 is		sow the de	eceosed alive on	view the body ofter death.	20, and that in (m)	y) (our) opinion d	eath occurred on the	date and hour o	nd from the	couses stated
₩ Hem		226. SIGNATUR		1-01	DEGREE	ATTENDANC	ALEDICAL CT	AFF	22c. DATE	SIGNED
= = =		1	1/1/1	en out		ATTENDING PHYSICIAN	DIRECTOR PHYS		11-1	1-81
IMPORTANT: H		Har.	NAME TYPE OR	Newba	22e. ADDRE	SS		SEATT.		
3 ₹	23a.	BURIAL, CREMAT	ION, REMOVAL	23b. DATE 73c.	NAME OF CEMETERY OR	CREMATORY	23d. LOCATION CITY OR TOWN		OUNTY (STATE
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2/80	24) F	UNERAL DIRECT	OR Ones de	1 (3 all h	21223	WHIN'S	REQUINVESTA	756. REGISTRA	R'S SIGNAT	URE



	1 -	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE 8	0 0 3 5 3
	{TYPE	CEASED NAME FIRST DA	IDA CH, G.	COOPER	2a. DATE OF DEATH MONTH	2-8/ 425 AM
(M)	3. SEX	FEMALE	WHITE	5. DATE OF BIRTH MONTH 17 1894		
do the state of th	(POLAND	TE. CITIZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPITAL, NURSING	MARRIED NEVER MARRIED WIDOWED XXX DIVORCED	9 BALTIMORE CITY OR COUN BALTIMORE COL	
4 17 55	R	ANDALLSTOWN	BALTIMORE COUN	TY GEN. HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE	AT HOME
thin 24 he ely (Hed 2 should b	M	TATE 1364COUNT ARYLAND THER'S NAME	other institution give residence before a 13c. CITY OR TOWN BALTIMO		6527 EBERLE DE	APT.102 R. #21215
completely 1 and 2 sh		SAMUEL	SCHERR LAST	MERA	MIDDLE	UNKNOWN
Pages medico	()	(AS DECEASED EVER IN U.S. ARA ES, NO OR UNKNOWN) (IF YES, GIVE NO	MED FORCES? 16b. SOCIAL SECUR 162-26-5		S. EVELYN SHOR GE CIR., APT. 2	#21208
ING PHYSICIAN: The low requires that the death certificate be executed within 24 hour ratending physician. After this certificate has been signed by the attending physician and completely (lifted in to as the buriol-transit permit. Then please remove corbanpapers, Pages 1 and 2 should be the and Mental Hygiene prior to buriol, cremation, or removal.	NO	PART 2. OTHER SIGNIFICANT CO		ice of jaund	bailuse L'ce (cho lelite RMINAL DISEASE OR CONDITION O	tr'asis) GIVEN IN PART 1(0)
M. The low replacement in the property of the	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH C	PERATION WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{ NO } \(
PHYSICIAN: 1 PHYSICIAN: 1 Physic certificore this certificore the buriol-trons ad Mental Hyg d or Item 18 sh	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM I	8, PART 1 OR PART 2)
DING PHY or offer this After this se os the bu oith ond M morked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, EAR	M, ETC) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTEN Dittol TOR: For us		22a I certify that (I) (this hospite sow the deceased alive on above, (I) (we) (did) (did not	1-2- 19 X		on death accurred on the date and h	
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O HOSPITAL etoined by th TO FUNERAL should be dete		22d PHYSICIAN'S NAME (TYPE OR SOON CHUL	- HONG	Baltinuora	2 County gen	eral Hospita
BP	(urial, cremation, removal specify) BURIAL	JAN.4,1981 B	ME OF CEMETERY OR CREMATORY ETH TFILOH	BALTIMORE	MARYLAND
DHMH-16 30M 2/80 (VRA 15, 4)		INERAL DIRECTOR SOL L	EVINSON & BROS.,	1	AN 7 1981	ISTRAR'S SYMATURE



	- 1				STAT	E OF MARYLAND			
		1 -	FOR STATE REGISTRAR	DEPA		EALTH AND MENT ICATE OF DEAT		ENE 8 0	0 3 5
900			CEASED NAME FIRST WILL	LIAM L.	C	RAIN	1		DAY YEAR 26 HOUR
Safter of		3. SE.	MALE	4 RACE WHITE	S. DATE (YEAR 29	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
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Sotified o	3		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE'S BALTIMORE CO	RSING HOME (R OTHER INSTITUTI	ION	PATT COUNTY 1761 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE WHSE . MANAGER	12b. KIND OF BUSINESS INDUSTRY Auto Supply
must be	5	USU, 13a. S	AL RESIDENCE (IF NURSING HOME COL	OR OTHER INSTITUTION, GIVE RESIDENCE B	EFORE ADMISSION)	13d INSIDE CITY LIV	IMITS?	3e STREET ADDRESS 2303 Pheasant R	
nine	-	4 FA	THER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIL	IDEN NAMI	MIDDLE	
256	4		WILLIAM LONIS				CARUT		LAST
nedicol		6a V	AS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL S	ECURITY NO.	17. INFORMANT	162	5 jackson lane	
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000		MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	211. LOCATION STREET		CITY OR TOWN	COUNTY STAT
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of He 21 is			30 W THE deceosed office of	oital) attended the deceased from	9 8-1 00	d that in (my) (our)	apinion de	ath occurred on the date and hou	, that (I) (we
		Н	abave, (1) (we) (did) (did no 22b. SIGNATURE	at) view the bady after death.	i	DEGREE			22c. DATE SIGNED
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5 3 ₹		23a. B	URIAL, CREMATION, REMOVAL	L 23b. DATE	3c. NAME OF C	EMETERY OR CREMA	ATORY	23d. LOCATION	1
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MANAGER MANAGER AND CENERAL HOSP. WHSE. MANAGER

2303 Pheasant Run Dri.

IVA CARUTH HAMPTON

1625 jackson lane

330-22-0242 June Crain Finksburg, Md. 21048

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Ruck Towson Funeral Home, Inc. Towson, Md. 21204

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4) 1/79

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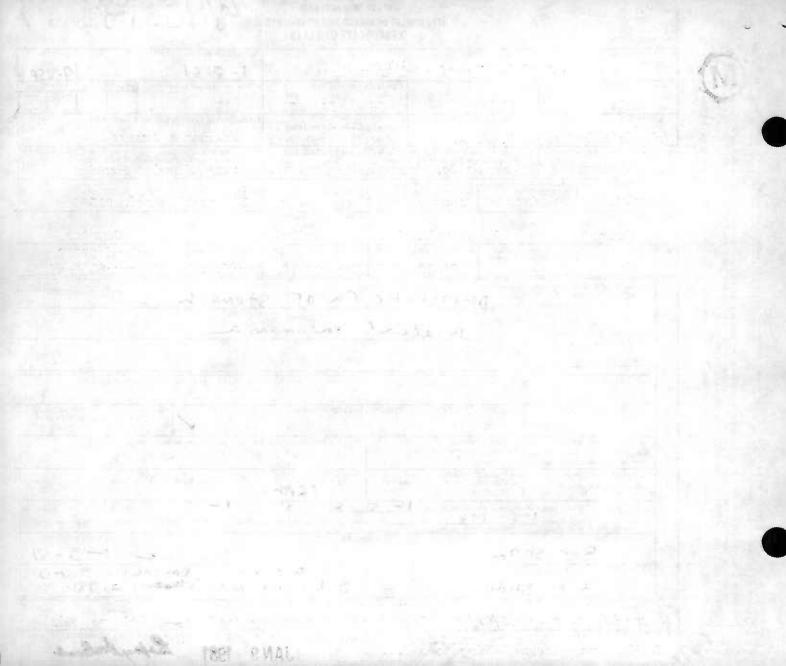
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(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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(VRA 15, 4) 1/79



Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

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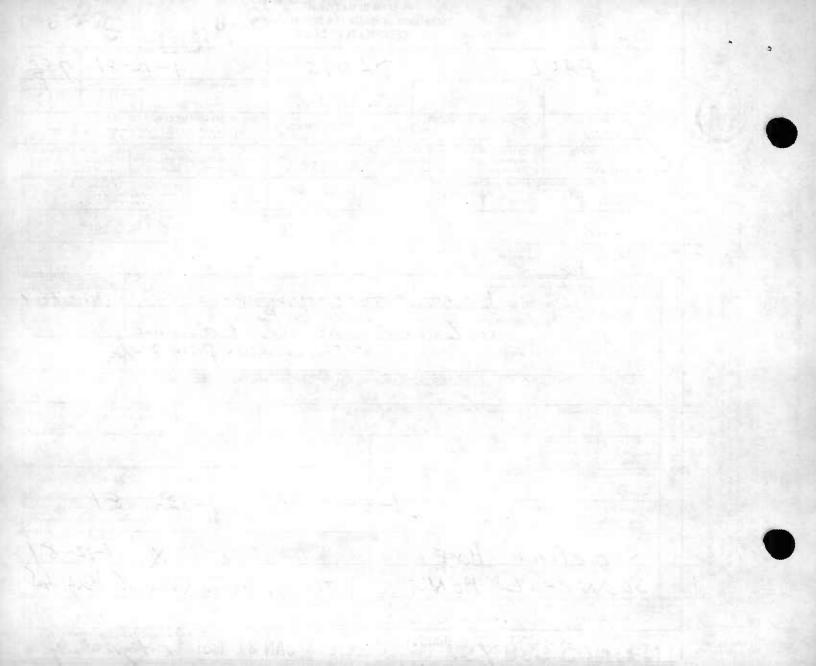
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ALICA,	3	1-	FOR STATE REGISTRAR	DEPA	RETMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE 8	00359
-			CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	20 DATE OF DEATH	AONTH DAY YEAR 26 HOUR
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	35	70 BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT		BALTIMORE CITY OF	
1	108		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE ST ROSE WOO	SING HOME OR OTHER INSTITUTION REET ADDRESS)	12g USUAL OCCUPATION	ON 126. KIND OF BUSINESS OR
24 hours	ASK PARK	USU	AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE 8	FORE ADMISSION) WN 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	
ABYLA d within	Service of	14 FA	THER'S NAME	MIDDLE LAST	IS MOTHER'S MAIDEN N	A LIS MIDDLE	LAST
MORE, N executes	o lages la	160 V	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 16b. SOCIAL S WAR OR DATES)	CURITY NO. 17 INFORMANT 8-4557 WILLIE DE	aniel 24	
201 W. PRESTON ST., BA ex. that the death certificate sed by the attending physic sed by the attending physic	alease remove carban pape riol, cremation or removal ar other traumatic event, i		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE (b) SPASTIC DUE TO, OR AS A CONSE (c) FNCF	QUENCE OF MENTA QUENCE OF MENT	TO ME	VINGENIS
ALRECORDS, 2 The taw require	t permit. Then prior to but town only injury.	CERTIFICATION	PART 2. OTHER SIGNIFICANT		CH OPERATION WAS PERFORMED	200. AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
DIVISION OF VIT NG PHYSKIAN 1 ortending physic flys: this certifican	Mantal Hyg Mantal Hyg or frem 18 st	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 214 INJURY OCCURRED	ATH HOUR A.M. MONTH	DAY YEAR 19 216. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJUR	
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TTENDI spital as	of Heal		saw the deceased alive ar	ital) attended the deceased from JAWe 3	m DEC 27, 198	n death accurred an the da	te and haur and from the causes stated
KOSPITAL OR A med by the hor	old be detached the State Dept ORTANT, if her		226. SIGNATURE ACOSCILATO 228. PHYSICIAN'S NAME (TYPE OF	C. Ocamso.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	22c. DATE SIGNED 1-3-8/
07 OT 04 OT 07 OT		22- 0	JOSELITO	C. OCHAPO	M.D. ROSE WO		FR ON WES MILLS
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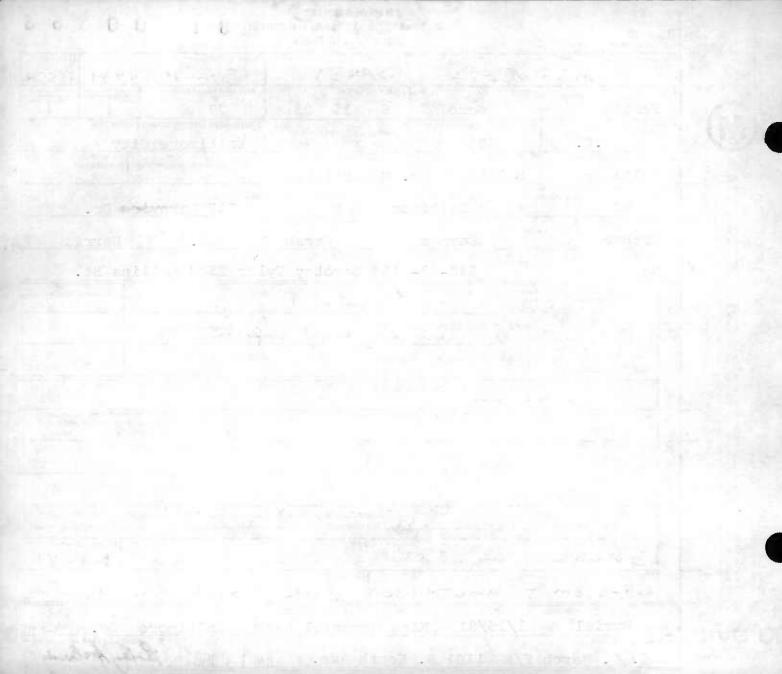
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2	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	0 0 3 6 3
	I DECEASED NAME FIRST	MIDDLE LAST ZO. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
nay be page 3 death	(TYPE OR PRINT)	UNIE L. DAVIS Jon. 11,	1981 11:55Am
may pager de	3 SEX	4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
age 4	Female	Negro 6^{NoNTH} 15^{DAY} 03^{YEAR} 77	MONTHS DAYS HOURS MIN
A CONTRACTOR	78. BIRTHPLACE (STATE OR FOREIGN COUNTRY) N. C.	USA WIDOWED TO DIVORCED TO BALTIMORE CITY OR COUN	(3)
hi hi	JO CITY OR TOWN OF DEATH	USA WIDOWED DMORCED Baltimore (12b. KIND OF BUSINESS OR
by the ed with	Baltimore	Baltimore Co. General Hosp	INDUSTRY
ithin 24 ho	USUAL RESIDENCE IF NURSING HOME 130 STATE 131 201	TROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) INTY 13. CITY OR TOWN 13.1. INSIDE CITY LIMITS? 13. STREET ADDRESS Baltimore 15. No 717 Lakev:	iew Dr
> 3 9 to \$	14. FATHER'S NAME	15 MOTHER'S MAIDEN NAME	
E, MAR completed and 2	Arthur	Barnes Sarah E.	Harris
BALTIMORE, ificate be exertificate be exertificate be exertificate be exertificate oval.	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) {# YES, GI	RMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS VEWAR OR DATES) 240-03-8134 Dorothy Tyler 2508 Holi	lins St
The law requires that the death cert has been signed by the attending phermit. Then please remove carbon pane prior to burial, cremation, or rem hows any injury, or other traumatic	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 19e DATE OF OPERATION 21e ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES NO 210. TIME OF INJURY 211. TIME OF INJURY 121. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM I	(ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
ENDING PHYSICIAN: r attending physician. R: After this certificate e as the burial-transit pe eaith and Mental Hygie is marked or Item 18 s	OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK	R) P.M. 19 210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET CITY OR TOWN	COUNTY STATE
IOSPITAL OR ATTEN IN WERAL DIRECTOR of be detached for use and the State Dept. of health Intendition of the State Dept. of health Intendition of the Intendition of Intenditi			aur and Irom the couses stated 27c. DATE SIGNED 1 - 11 - 8
130 BB TOP Bhoult with	230 BURIAL, CREMATION, REMOVA (SPECIFY) Burial	CITY OR TOWN	COUNTY STATE
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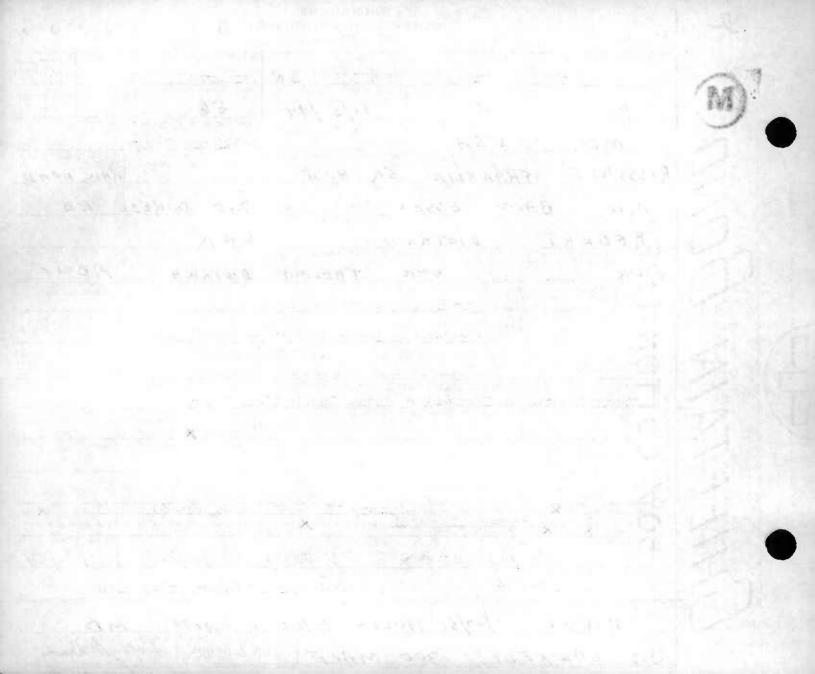
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Ruck Towson Funeral Home, Inc. Towson, Md. 21204



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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical and completely littled in by the should be detached for use as the burial-transit permit. Then please remove corbon papers. Papers and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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	1			STAT	E OF MARYLAND				
	1.	FOR - STATE	DEPAR		EALTH AND MENTAL HYGI	ENE 8	0 8	0 3	6 9
1		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	5 .		
10		CEASED NAME FIRST	WIOOLE		AST	2a. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
		CATHE	RINE S.	DOI	MLING		1 31	81	8:55 A
	1 SE	X	4. RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT		INDER 1 YEAR	IF UNDER 24 HRS
35		Female	White	MONTH	10-9-1909 YEAR	71	YRS.		HOURS MIN.
TA		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8. MARRIE	NEVER MARRIED	9. BALTIMORE CITY O		DEATH	7
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BS	, Ju. (M	roll Hampst		YES NO NO	18912 Fal	La Road	2107	4
100	14. FA	ATHER'S NAME			15. MOTHER'S MAIDEN NAM	NE TOO	VS NOVUL		
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8		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC	CURITY NO.	17 INFORMANT	ADDRE		stead	M
1/	- (YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES) 2/6-	3098	Anthony M. Do	pemlino - 10	8912 Fa	111 8	d
ě		18 CAUSE OF DEATH (Enter on				Circoa, N	712 7 4		MATE INTERVAL ONSET AND DEATH
vent	1	PART I. DEATH WAS CAUSE	nly one couse per line for (a) (b) (B	RATORY	ARREST				DAYS
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ked	Σ	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC)	SINEE	CITY OR TO	***	COOKII	SIMIE
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21 is			1/31 ot) view the body ofter death.	81 , 01	nd that in (my) (aur) opinion d	leath occurred on the do	ite and hour on	nd from the	couses stated
te H		124 SIGPATURE	The wine body offer degree.	1 >	DEGREE			22c. DATE	
<u>+</u>	1.5	(1/4) Irm	Welner	-11/	ATTENDING PHYSICIAN	MEDICAL STAF	FANT	1/3	31/81
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IMPORT		DR. W. OKTA	VEC		6701 N. CH	ER BALTO.	TOWS	ON ME	5
<u> </u>	23a. E	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	. 51100		
		(SPECIFY) Burial	2-3-81	11.11.	11.11.6	CITY OR TOWN		AL/	STATE
	24. FI	UNERAL DIRECTOR	12-)-01	TOXUI .		REC'D. BY REGISTRAR		S Fres	Greedy
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1/2	STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE,	0037
	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3. NO.
	ECEASED NAME FIRST	MIDDLE LAST 20. DATE KNOW OF ESTI-	N MONTH DAY YEAR 126.
	KATHR		X 1/12 1981
1.5	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	MON'H DAY YEAR 24
_	emale White	11 18 1912 68 YRS. DEAD	1/12 198/1
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	MARRIED NEVER MARRIED	TY OR COUNTY OF DEATH
10	ennsylvania CITY OR TOWN OF DEATH	U.S.A. WIDOWED DIVORCED BAITIMO 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION	re County
		(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE	
JSI		6719 Harewood Park Drive Homemaker	
A . DP	arvland Bal		ood Park Drive
	FATHER'S NAME	13. MOTHER'S MAIDEN NAME	oud fark Drive
	Robert	W. Peters Reba G.	Kuhn
160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 6710 Hamourado	
	(YES, NO, OR UNKNOWN) (IF YES, GIV	207-07-8981 Frank E. Douglas-B	
	18 CAUSE OF DEATH (Enter of	nly one couse per line for (a), (b), (b), (c)	APPROXIMATE INT
	PART I DEATH WAS CAUS	ATE CAUSE (0) Houle My ocardie Sufe	BETWEEN ONSET AN
19	4100	DUE TO, OR AS A CONSEQUENCE OF	
	Canditions, if any, which		
3	couse (o) stating the underlying cause lost.		HITCHIEF THE TOTAL
		(c)	
1,	PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PARTIL A	
CERTIFICATION	190. DATE OF OPERATION	e flormatory as that's	
I CA	1190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
=	21a. EXTERNAL CAUSE WAS	216. TIME OF INJURY 216 HOW IN IURY OCCURRED (ENTER NATURE OF INJURY IN THE	YES N
	LINIDEDIVINIO DOS	HOUR A.M. MONTH DAY YEAR	M 18 PART 1 OR PART 2)
MEDICAL	CONTRIBUTING CAUSE OF	DEATH P.M. 19 21e PLACE OF INJURY (ATHOME, 21f. LOCATION	
ME	WHILE AT WORK AT WORK	STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	COUNTY
		ge of the remains described above, held as Autapsy , Inspection , Inquiry	and in my opinion
	death resulted from: Not	ural couses Accident . Suicide . Hamicide . Undetermined manner	
	ACTUAL VOX	TITLE (SPECIFY)	DATE 1/12/3
1	SIGNATURE	M.D. MEDICAL EXAMINER	SIGNED 1
	EXAMINER'S NAME	S. AHLUWALIA ADDRESS 2112, Dundal	2 Av C- 212
22	(TYPE OR PRINT)		7/10/30/
230.	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	236. NAME OF CEMETERY OR CREMATORY 234. LOCATION CITY OR TOWN	COUNTY STATE
24	FUNERAL DIRECTOR TO 3	1/14/1981 Parkwood B.	aktimore dary
land.	FUNERAL DIRECTOR Duda	-Kuck populario.	May bakent
1 /	922 Wise Ave:	nue Dundalk, MD, 21222 MAN 1 3 1981	Just Age of the Party of the Pa

In Note I De water and the state of the state of THE THE STATE OF T 1922 Wise Awarms w Econsile of the Cartest Constant Const

should be detoched for use as the burial-transit permit. Then please remove corbon popers. Pages 1 and 2 should be filed in with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

	ECEASED NAME FIRST	WIOOFE		LAST	20 DATE OF DEATH M	ONTH DAY	YEAR	26 HOUR
(TYP	PE OR PRINT) RICI	HARD	DOL	JGLAS	1	5	181	11:
3. SE	EX	4. RACE	5. DATE O		6 AGE (IN YEARS LAST BIRTHE		UNDER 1 YEAR	IF UNDER
M	ALE	WH ITE	Se	pt. 28, 1908	72	YRS MOI	NIHS DAYS	HOURS
7a. 8	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Canada	76 CITIZEN OF WHAT O	COLINITOVO	D NEVER MARRIED	9 BALT IMORE CITY OR BALT IMOR	COUNTY O	F DEATH	
	TOWS ON	GBMC -670	AL, NURSING HOME (CLES ST.	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V Horseman	WORKING LIFE)	126. KIND C INDUSTRY	F BUSINE
13a.	JAL RESIDENCE (IF NURSING HOME OF STATE 13b. COUL Maryland Ba	VTY 13c. CI	TOENCE BEFORE ADMISSION) TY OR TOWN DWSON	13d. INSIDE CITY LIMITS? YES NO TO	13e STREET ADDRESS 628 Debaug	h Aver	nue	
	ATHER'S NAME Richard	MIDDLE	Douglas	15. MOTHER'S MAIDEN NA FIRST Marga	WIOOFE		ılea	ST .
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GI	E WAR OR DATEST	OCIAL SECURITY NO. 54-14-9222A	Mrs. Patri	cia J. Dougl		ame as	# 13
	Conditions, if any, which gave rise to immediate			SCULAR DISE	ASE			
ION	gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A	CONSEQUENCE OF		INAL DISEASE OR CONDI			
TIFICATION	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A ((c) CONDITIONS CONTRIB	CONSEQUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN 20b. IF YES, V IN CERTIFYIF YES	WERE FINDI	NGS USED
CAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A (c) CONDITIONS CONTRIB 196. CONDITION F 1716. TIME OF INJUI HOUR A.M. M	CONSEQUENCE OF	NOT RELATED TO THE TERM IN WAS PERFORMED 21c. HOW INJURY OCCURI	INAL DISEASE OR CONDI	206. IF YES, V IN CERTIFYIE YES	WERE FINDING CAUSES	NGS USED OF DEAT
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	gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CIFE ETHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (this hosp sow the deceased olive or obove, (I) (we) (did) (did not obove, (I) (we)) (did) (did not obove) (did) (did) (did not obove) (did) (did) (did not obove) (did) (d	DUE TO, OR AS A (c) (c) 19b. CONDITION F 19b. TIME OF INJUIT HOUR A.M. M P.M. 21c. PLACE OF INJUIT (AT HOME, STREET, FACT)	CONSEQUENCE OF UITING TO DEATH BUT FOR WHICH OPERATION RY IONTH DAY YEAR 19 URY 19 OSEE FARM, ETC.) OSEE FOR 19 eath.	21c. HOW INJURY OCCURION STREET 21 Mary 19 80 10 Mary 19 80 11 Mary 19 80 12 Mary 19 80 13 Mary 19 80 14 Mary 19	200 AUTOPSY? YES NOX RED (ENTER NATURE OF INJURY) CITY OR TOWN	20b. IF YES, V IN CERTIFYIT YES I IN ITEM 18. PART	WERE FINDITY NG CAUSES OF LORPART 2) COUNTY Ond from the	NGS USEC OF DEAT NO [
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DHMH-16 30M 2/80 (VRA 15, 4)

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Ruck Towson Funeral Home, Inc. 1050 York Road

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M M	3 SE	F//Y / FF 0/	ACE S DATE OF BIRTH OAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 MRS. MONTHS DAYS HOURS MIN
Page director	E BI		CITIZEN OF WHAT COUNTRY? 1	82 YRS.	Y OF DEATH
12 135	n	DARYLAND	LL. S. A. WIDOWED DIVORCED	BALTIMO	RE CO. MD.
at and and	7	OULS ON	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION LENGT IN SUCH FACILITY, GIVE STREET ADDRESS! HOSPITAL	12a USUAL OCCUPATION (TYPE OF YORK FOR MOST OF WORKING LI	INDUSTRY
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ertificate be ex physician and papers. Pages emoval.		18 CAUSE OF DEATH (Enter only o PART I DEATH WAS CAUSED BY IMMEDIATE C	/ // //		BETWEEN ONSET AND DEATH
he death cert attending ph vve carbon pa ation, or rem eer traumatic		4292	DUE TO, OR AS A CONSEQUENCE OF PID		Year
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or a		22a.l certify that (I) (this haspital)		D, to 1-12-	, 19, that (I) (we) lost
ALCA ATTEN the hospital or a AL DIRECTOR: tached for use a te Dept. of Heal		obove, (I) (we) (d.d. 3d.d sor) w	DEGREE		27L DATE SIGNED
oy the GERAL detac State I ANT:	1	THE PHYSICIAN'S MADAL TIME CAME	ATTENDING PHYSICIAN 1912 ADDRESS	MEDICAL STAFF	1/19/8/
TO HOSPITAL TO FUNERAL should be detace with the State I		BR. M.E. COC	CO 20 E. E.A.	GER ST, BA	7LTO. MD, 212
BP	139	BUTIAL, CREMATION, REMOVAL SPECIFIC	734. DATE 124 NAME OF CENETERY OF CREMATORY 744. 21, 1981 HOLY OSARY END	AND DARRY MAN	FARECHID.
O/ DHMH-16 25M	24,5	UNERAL DIRECTOR	ADDRESS ADDRES	ATE REC D. BY WEGISTRAR 119. REGIS	TRAR'S SIGNATURE

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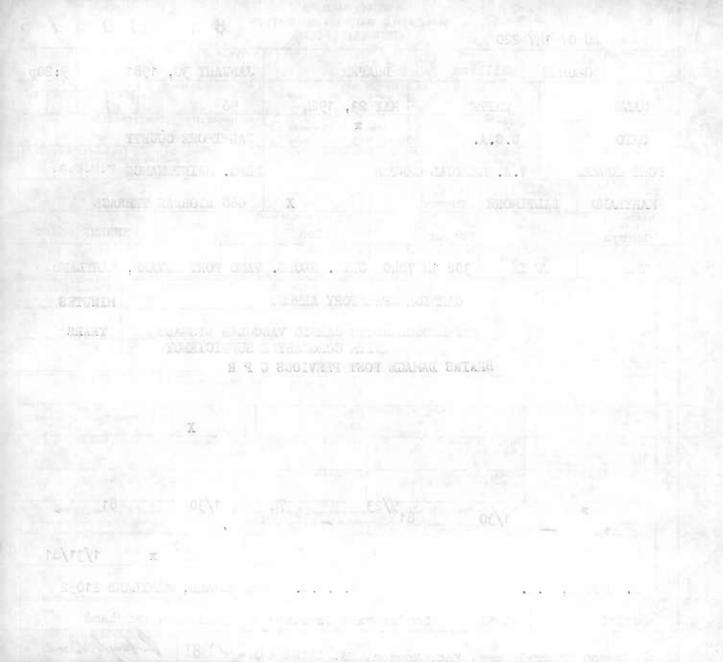
Ruck Towson Funeral Home, Inc. Towson, Md. 21204 EB

STATE OF MARYLAND

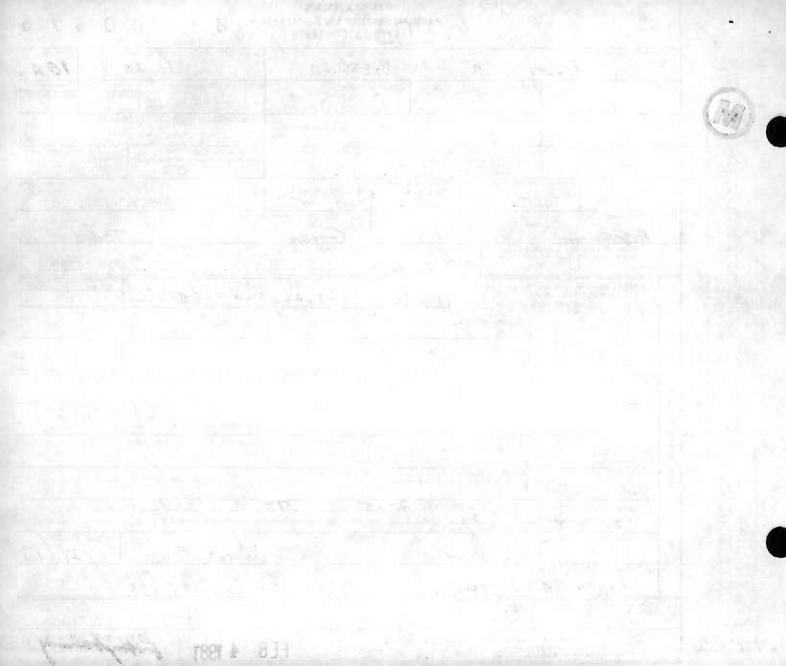
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4) 1/79



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A TURN	3 SE		1 RACE WHIT	E	5 DATE C		EAR	AGE (IN YEARS LAST BIRTI		UNDER I YEAR	IF UNDER 24 HRS
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or after di		NEW YORK ITY OR TOWN OF DEATH BALTIMORE	(IF NOT IN SUCH		ADDRESS)	R OTHER INSTITUTE	ON 12	BALTIMON TO USUAL OCCUPATE TYPE OF WORK FOR MOST OF HOUSEWII	ON F WORKING LIFE)	12h KIND O INDUSTRY	ME OF BUSINESS OR HOME
hin 24 hor Hilled in b ould be file	USU 13a	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION,		ADMISSION)	13d. INSIDE CITY LIA YES NO [□XX	street address 3402 VARGA			#21207
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te be exe	I da \		MED FORCES? E WAR OR DATES)	058-07	-2610	3105 M		ALAN DRESS	ALTO.,		21208
requires that the death cer signed by the attending pl en please remove carbon p to burial, cremation, or ren rinjury, or other traumati		PART I DEATH WAS CAUSE IMMEDIAT Canditions, if any, which gave rise ta immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR DUE TO, OR DUE TO, OR (c)	AS A CONSEQUE	NCE OF	NOT RELATED TO TH	HE TERMIN	AL DISEASE OR CONI	DITION GIVEN	IN PART 1	aı
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TAL OH ATT the hospital of AL DIRECTO etached for us atte Dept. of I tem 2'		saw the deceased obve an	view/the body o	ofter death.		od that in (my) (our) o DEGREE ATTENE PHYSIC	DING	MEDICAL STAP	· F	22c. DATE	
TO HOSPITAL retained by the I TO FUNERAL Eshould be detach with the State D IMPORTANT: I		22d. PHYSICIAN'S NAME (TYPE O	0 1 61	BUBUR		5300	ole	Court	- Ru	./	
BP		BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	1/30/	81	SHAAR	ET TETLOH		23d. LOCATION CITY OR TOWN BALTIMO	RE		YLAND
DHMH-16 25M (VRA 15, 4) 1/79	24 F	UNERAL DIRECTOR SOL L	EVINSON WN RD.	& BROS., BALTO.,	INC. MD	21215	FEB	4 1981	236. REGISTRA	RS SIGNAT	trudy



Ruck Towson Funeral Home, Inc. Towson, Md. 21204

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4) 7/7B



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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	DEC. NO					

		REGISTRAR			CERTII	ICATE OF PEATE	REG	G. NO.				
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V	3. SEX	×	4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LA	ST BIRTHDAY		JNDER 1 YEAR	IF UNDER 24 HR	-
)		F	V	V	MONTH	8/3 DAY 49 YEAR	81		YRS.	THS DAYS	HOURS MIN	J.
£		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CI	TY OR CO	O YTMUC	DEATH		
S		MP.	US	A	WIDOWE		Baltimor	re Co	unty		٨	AD.
-	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING		R OTHER INSTITUTION	12a. USUAL OCCU				F BUSINESS C	R
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	14 FA	THER'S NAME	MIDDLE _	LAST		15. MOTHER'S MAIDEN NAM		NE		145	,	
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			MED FORCES? /E WAR OR DATES)	166 SOCIAL SECUR		17. INFORMANT	Al	DDRESS		- 44		_
7		NO		218099	717	ROBERT L	omno	FER	,	A	BOVE	
		18 CAUSE OF DEATH (Enter or	nly ane cause per	line far (a), (b), and	(c).)					BETWEEN	MATE INTERVAL	=
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	177	gave rise to immediate) (0)_									-
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4	IFIC						YES T NO!		CERTIFYIN YES T		OF DEATH?	
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	10	OR CONTRIBUTING CAUSE OF DE	1111	M. MONTH DAY								
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		220.1 certify that (this haspi	tal\ attended th	e deceased from	lanua	rv 8 19 81	Janua	rv 2	3 19	81	that 🎉 (we) Id	
		saw the deceased alive on abave, (M(we) (did) (did) no	Januar	y 23 19 E	7-1	d that in (reg) (aur) apinian o		-				131
		22b SIGNATURE	T) view the bady	affer death.		DEGREE				22c. DATE	SIGNED	_
		()		41		ATTENDING PHYSICIAN		STAFF	X	1-0	13-81	
		22d. PHYSICIAN'S NAME TTYPE C				22e ADDRESS						
		J. A	l-Mufti			9000 Frankl	in Square) Dri	ve 21	237		3
	23a, B	URIAL CREMATION REMOVAL	23h DATE	23c NA	ME OF C	EMETERY OR CREMATORY	23d LOCATION					

BP_

O HOSPITAL OR ATTENDING PHYSICIAN: The low

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbanapper with the State Dept. of Health and Mental Hygiene priar ta burial, crematian, ar removal. IMPORTANT: If them 21 is marked or them 18 shaws any injury, ar ather traumatic event, th

J. B. CONNELLY

ADDRESS 300 MACE

MEADOWRIDGE

AN 2 9 1981

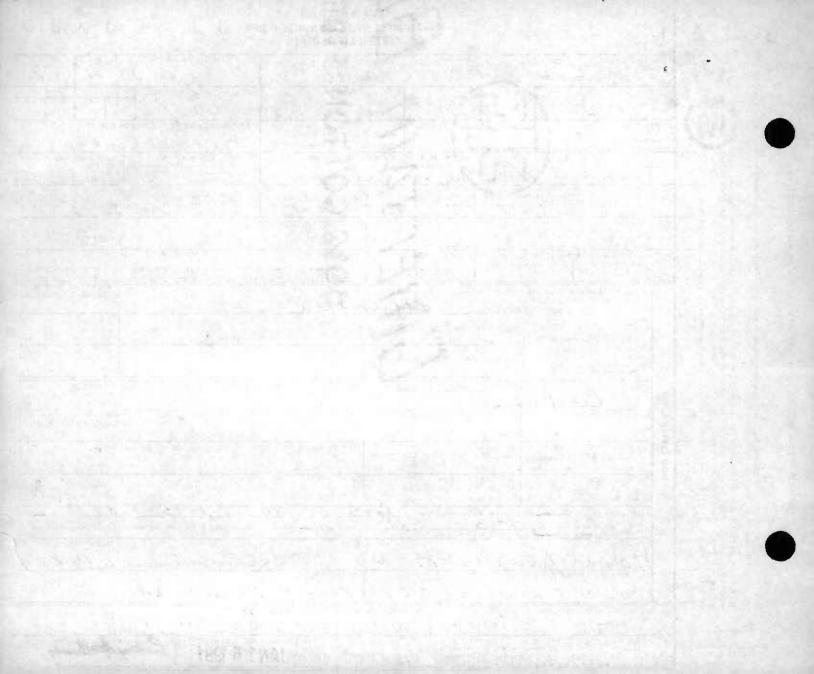
25a. DATE REC'D.

BY REGISTRAR 256 EGISTRAR'S SIGNATURE

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	-7		ECEASED NAME LEIRES			AST			ONTH DAY YE	TO HOOK
e p	poge 3	G.	Eade	S A-LLEN	E	ades	, Jr.	1	13 8	1 11 50 M
ě E	Ter D	3.5	EX	4 RACE	5. DATE (YEAR	6. AGE (IN YEARS LAST BIRTH	IDAY) IF UNDER 1	YEAR IF UNDER 24 HRS
Poge 4	200		MALE	CAUCASIA	V	26	1919	61	YRS.	MIN.
9 3	(IVE)	70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COU	NTRY? 8.	D NEVER M	ARRIED 🗆	9 BALTIMORE CITY OR	COUNTY OF DEAT	н
T deo	to the		WEST VIRGINIA	U.S.A.	WIDOWE	DIX DIV	ORCED	Baltim	ore Cour	ty MD.
fer.	0 2 0	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	NURSING HOME (E STREET ADDRESS)	R OTHER INSTI	ITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUS	DO BUSINESS OR
201 ors o	y = 6/(4	lowson	Walley Nsg.		enter		DISTRICT M	GR. DICT	APHONE CORP.
D 21	_ 0	130	JAL RESIDENCE (IF NURSING HOME O			134. INSIDE CIT	TY LIMITS?	13e STREET ADDRESS		
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E, M.	E 0 /82	U 1/1	LESTER A.	EADES,		DOVE		HANNAH		LTON
ORI	Poges medica	2		VE WAR OR DATES)	L SECURITY NO.	17. INFORMAN		ADDRES		24.00.
LTIN	ers. Pe		NO 1		-09-9430	SH1KI	LEY CRO	SS SAME		DAUGHTER
BA icote	nt,		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one cause per line for (o), ED BY:	(b) and (cl.)				BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
V ST	01 0 2		11610 IMMEDIA	TE CAUSE (a)	V ruce	meni.	a			
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e de	matic		Conditions, if ony, which gove rise to immediate	(b)						
¥ ‡	by the		couse (a), stoting the underlying cause last.	DUE TO, OR AS A CON	SEQUENCE OF					
201 es th	p o o	10	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED T	TO THE TERM	NALDISEASE OF COND	TION GIVEN IN PAR	T 1/a
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, O 3	beer mit.	Y E	190. DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	WAS PERFOR	MED	200 AUTOPSY?	206. IF YES, WERE FIT	NDINGS USED
DIVISION OF VITAL RECORDS, 201 W. PRESTON NG PHYSICIAN: The low requires that the death or ottending physician.	t per	CERTIFICATION						YES NO	IN CERTIFYING CAL	NO []
VIT. N. I. N. I. I. N. I.	ficate h fransit IHygie 18 sho		210. ACCIDENT WAS UNDERLYING		H DAY YEAR	21c. HOW INJ	URY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PAR	(2)
SICIA 9 P	certif urial-t lental	N S	OR CONTRIBUTING CAUSE OF DE	AIR	19					
SION O PHYSIC ending	o A P	MEDICAL	216 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.)	211. LOCATION	N	CITY OR TOW	n COUNT	STATE
NG P	os the th and arked	1	AT WORK NOT WHILE							
Z o	DR: A Use Heal		220.1 certify that (I) (this hour	1-13	CI I	-5	. 19_80	, to	198/	, that (1) (wa) last
ATTA	ECTOR: of for us of the m 21 is			view the bady after death.			our opinian d	leath accurred an the dot		
he h	DIRECTOR DIR		226. SIGNATURE	10.000	1.	DEGREE	TENDING .	MEDICAL STAFF		ATE SIGNED
ITAI	Store del	-	22d. PHYSICIAN'S NAME (JVP)	O Walley	a m		HYSICIAN X	DIRECTOR PHYSICIA		13-8/
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ZIOO BE		230	BURIAL, CREMATION, REMOVAL	1	23c. NAME OF C			23d. LOCATION CITY OR TOWN	YINGS	STATE
7/00-		24	BURIAL FUNERAL DIRECTOR FRANCE	J 1/15/81 IS J. COLLINS,	PAKKLA	WN CEME		ROCKVILLE	MONT	MO.
	16 30M 2/80 (A 15, 4)		O UNIV. BLVD. W.	CTIVED COULTING	C MADVI A	VD 209	100		Bir Stay Miles	Mache.
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH MONTH TYPE OR PRINT ISABELLE BARBARA EBERLE 81 3 SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHOAY) IF UNGER I YEAR IF UNDER 24 HRS Female Caucasian May O. BIRTHPLACE Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE COUNTY Maryland USA DIVORCED | O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR GREATER BALTO. MEDICAL CTR. INDUSTRY TOWSON Clerk Bank DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 21206 DUNTY 13t. CITY OR TOWN 6510 Walther Ave.Apt.C7 13d. INSIDE CITY LIMITS? Maryland Baltimore 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Louch Antoinette Joseph Senger 60 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT 212-22-7749 Frederick Eberle, husband, same addre No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
PART I, DEATH WAS CAUSED BY: SEVERE ANEMIA IMMEDIATE CAUSE (o MOLTIPLE INTESTINAL FISTULAE Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION prior 190. DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO T or Item 18 sho Mentol Hygi 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART : OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21e. PLACE OF INJURY 211. LOCATION 21d. INJURY OCCURRED CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 220.1 certify that (I) (this hospital) attended 81 sow the deceosed olive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22h SIGNATURE DEGREE 22c. DATE SIGNED MD ATTENDING 1/3/81 uld be deto should be deto with the Stote IMPORTANT: I DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) DR. S. GIRDHAR 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 73h DATE Baltimore, Md. 6/81 Burial Bohemian National Sonimunek Funeral 250 DATE REC'D. BY REGISTRAR 256 GISTRAR'S GINTURE Brehms Lanejan DHMH-16 30M 2/80 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO.

MONTH

2b. HOUR

2n. DATE OF DEATH

FOR

REGISTRAR

DECEASED NAME

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TIMORE COUNTY	JAB			
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CHARLES ST.				A. JEREZ,M.

MITCHELL-WIEDEFELD HOME 6500YORK RD 21212

(VRA 15, 4)

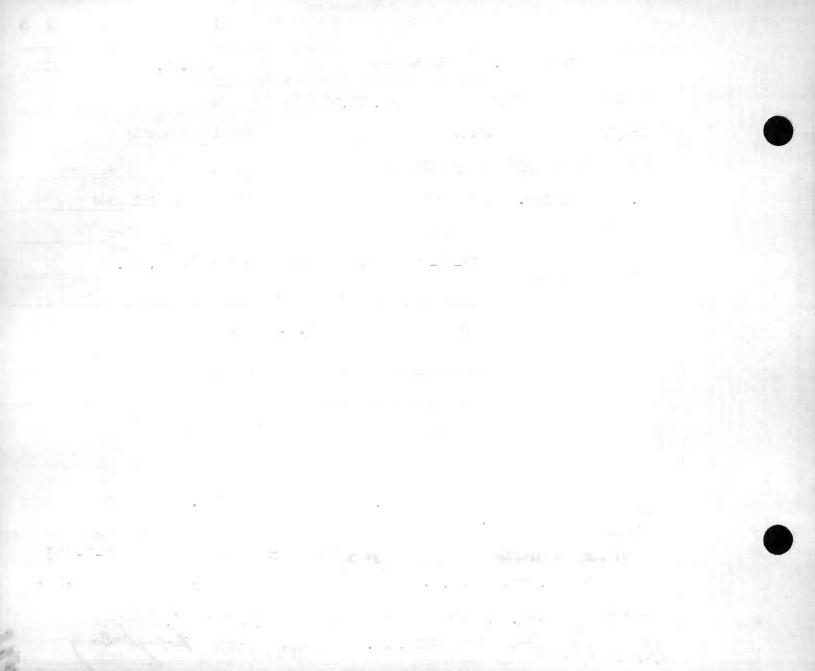
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1		Mele		hite		MON		72	M	ONTHS DAYS	HOURS .
é	7a B	IRTHPLACE (STATE OR FO	-		WHAT COUNTR	VO 0		9 BALTIMORE CITY	YRS.	OF DEATH	
J. Son		Maryland		USA		WIDOW	NEVER MARRIED	Baltim	ore Cou	inty	
O O orified or	100	ITY OR TOWN OF DEA	тн 11		HOSPITAL, NUR:	SING HOME	OR OTHER INSTITUTION	12d USUAL OCCUPA (TYPE OF WORK FOR MOST Auto	ION OF WORKING LIFE	126. KIND O INDUSTRY Retir	F BUSINESS
and Single	13a.	AL RESIDENCE (IF NURSI STATE Bryland	NG HOME OR OT 13b COUNTY Balti	Υ	GIVE RESIDENCE BER 13c. CITY OR TO WOOD 12	NWC	134. INSIDE CITY LIMITS?	136 STREET ADDRESS	field F	Road	
S (Amine		ATHER'S NAME	Willi	am	Erdmer	1	15 MOTHER'S MAIDEN NO. Mergaret			Unkno	็พก
medical		VAS DECEASED EVER			16b. SOCIAL SE	CURITY NO.	17. INFORMANT	ADDR	ESS 2	21207	
1	no	YES, NO OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES)	216-07-5	5488	Mrs. Alida	Erdman, 110	1 Newfi	leld Rd	
E		18. CAUSE OF DEATH	(Enter only	ane cause per	line for (a), (b),	and (c).)	0	11 1	-	BETWEEN	MATE INTERV
		PART I. DEATH W	AS CAUSED I		My	can.	Sun &	Infacela	ion		
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		Conditions, if any,	which	10,0	R AS ACONSEC	DUENCE OF	Melenso	selevas	-1		
		gave rise to imm	ediote) (0)_			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		A COLUMN		
		cause (0), stating underlying cause		DUE TO, O	R AS A CONSEC	DUENCE OF					
		PART 2 OTHER SIGN	JEICANIT CO	(c)_	ONITPIBLEMENT	O DEATH BU	T NOT RELATED TO THE TER	AAINIAI DISEASE OR CON	IDITION CIVE	N (N DART 1/a	
	Z	PART 2 OTHER SIGN	IFICANI CO	INDITIONS <u>CC</u>	NIKIBYI IZO I	du	in line	MINALDISEASE OR COM)	IN UN PART 1(C	
9	CERTIFICATION	19a, DATE OF OPERAT	ION	19b. COND	ITION FOR WHI	CH OPERATIO	ON WAS PERFORMED	20a. AUTOPSY?	IN CERTIFY	WERE FINDING CAUSES	
7	- 1	21a. ACCIDENT WAS UND	ERLYING -	21b. TIME O	F INJURY	-	21c. HOW INJURY OCCU				NO []
4		OR CONTRIBUTING C	AUSE OF DEATH	HOUR A.	M. MONTH			,		,	
1	MEDICAL	(IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURR		P. 21e PLACE		19	211. LOCATION				
	ME	WHILE NOT WHI		(AT HOME, STE	REET, FACTORY, OFFIC	E, FARM, ETC }	STREET	CITY OR T	OWN	COUNTY	STA
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		224 SIGNATURE	X	110	1	n	ATTENDING	MEDICAL STA	FF	22c. DATE	SIGNED
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1		Dr. John	Service of the servic	W	m.n.		1311 Fran	cis Ave., A	rhutus.	Md.	
1		5 44							- Davao	1101	
	23 a	BURIAL, CREMATION,	REMOVAL	23b. DATE			CEMETERY OR CREMATORY	Baltimo		COMMIA	ST/
		(SPECIFY Buriel		1/29/			ethedral Cem.			Maryl	
		UNERAL DIRECTOR	1630	Famond	SON AVE	, Leto	SVIIIB, MO 250. DA	ATE REC'D. BY REGISTRA	25h REGISTR	AR'S SIGNAT	OF COMPANY
	U	itzke Fune:	ral Ho	me of	Catonsv:	ille,	P.A. 21228 JA	M S (1981	hod	77	-1

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			STATE OF MARYLAND		
	FOR STATE REGISTRAR		AENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	0 3 8 6
1. D (TY	PE OR PRINT) Barbar	a C. Etchh	erger	Jan. 6, 198	1 26. HOUR 6:15p
3.5	Female	White	5. DATE OF BIRTH Apr. 18,1884 YEAR	96 YRS.	100 000 000
35	BIRTHPLACE ISTATE OR FOREIGN COUNT Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED M DIVORCED	I Meltimere County	
00 10.	Reisterstown	11. NAME OF HOSPITAL, NURSIN 114 Cherry Hill	G HOME OR OTHER INSTITUTION ADDRESS! Road	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Seamstress	126. KIND OF BUSINESS OR INDUSTRY Garment
USI 130	UAL RESIDENCE (IF NURSING HOME O STATE 136 COU Md. Ba	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13; CITY OR TOW 1to. Reistersto	N 134 INSIDE CITY LIMITS?	13. SIREET ADDRESS 114 Cherry Hill	Road
130	FATHER'S NAME Charles	Schuchart Schuchart	15. MOTHER'S MAIDEN N. FIRST Coescen	AME MIDOLE Zell	er
léa léa	WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GN	RMED FORCES? 166 SOCIAL SECU 217-03-07		114 Cherry Will Ro Reisterstown, Md	•
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) Arteric DUE TO, OR AS A CONSEQUE (c)	c Arrest CEOF SCIETOTIC C.V.	Disease MINAL DISEASE OR CONDITION GIVEN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MIN UTO S
S shows any injury	19a DATE OF OPERATION		OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, W	ERE FINDINGS USED G CAUSES OF DEATH?
- 01	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACUSE OF DE	ATH HOUR A.M. MONTH DA	YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18, PART I	OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION	CITY OR TOWN	COUNTY STATE
Z1 8 H2	sow the deceased alive or	n Dec 20 19 7	Dec • 20 , 19 75	n death accurred on the date and hour on	d from the couses stoted
	220 SIGNATURE -	Stratel		MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED 1-7-81
IMPORTANT	Martin E	Strobel, M.D.	59 Han ov	er Road, Reister	stown,Md.
230	BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	CITY OR TOWN COL	INTY STATE
	Burial	Jan. 9, 1981 Ne	ew Cathedral Cemet	ery baltimore. Marv	land



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN John Lester MONTH 26. HOUR (TYPE OR PRINT) OF ESTI-LESTER R. DEATH MATED 2/00 3. SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY) PRONOUNCED 2315 Male 1920 DEAD White 10 10 60 70. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED Louisiana Baltimore HIEF MEDICAL EXAMINER ALONG WITH FORM PAGE 1, 2, AND 3 TO THE FULL OF AS A BURIAL - TRANSIT PERMIT, PAGES I AND 2 SHOULD BE FILED OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH RECORDS, 201 W. I. REMONAL, CREMATION, OR REMOVAL. WIDOWED DIVORCED County ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Dundalk lainfield U.S. Army Road USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore Dundalk Marvland 2909 Plainfield Road NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME John FIRST Evans. Sr. Peters Anna 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16h SOCIAL SECURITY NO. YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 39-1959 438-09-8829 Paulette Evans Balto. CAUSE OF DEATH (Enter only one cause per fine for (o), (b), and (c). PART I DEATH WAS CAUSED BY: monic alcoholism IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 CERTIFICATION 19a. DATE OF OPERATION TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, 20. AUTOPSY? YES [] 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN STATE COUNTY 22a. I certify that I took charge of the remains described above, held on Inspection death resulted from: Accident Natural couses Suicide Hamicide Undetermined monner NILE (SPEGIEVA ACTUAL SIGNED EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Buria Arlington Arlington Nat. Virginia BP. Duda-Ruck BY REGISTRAR 256. **DHMH-17** 198 Dundalk, MD. JAN (VR A15 ME (5) 15M 2/80

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REGISTRAR

24 FUNERAL DIRECTOR

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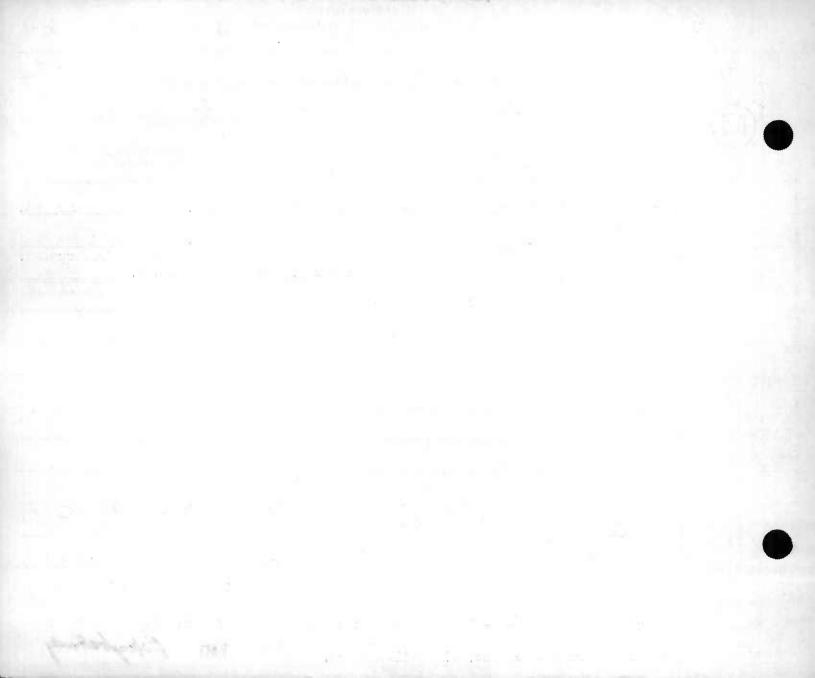
(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

E 8 13-15 A Marry E Everhouse Maje bright a lat & still Wines County - Extraction Durloned Tourson W.H. a wantlefet - saif byward Categorike All & Par Markhay Drive att by THE RESIDENCE OF STREET STREET, STREET Terrist I / I / I / I for the court Constant of the court factor and the court for the court of the court of



TORN I MICHERITAR DESIGNATION OF THE PERSON Append to a constant of the English to the action of The second of th Co 4, di Sia the the later is the state. . The second of

- STATE

1. DECEASED NAME

REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 20. DATE OF DEATH 2b. HOUR 01 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Housewife Homemaking 7601 Fitch Lane 21236 Cropsy ADDRESS 7609 Fitch Lane APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 10 vrs 10 yrs. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES. WERE FINDINGS LISED. IN CERTIFYING CAUSES OF DEATH? YES [NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY CITY OR TOWN STATE and that in (my) (Xr) opinion death occurred an the date and hour and fram the causes stated 22c. DATE SIGNED 2/2/81 ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 9660 Belair Rd., Balto. Md. 21236 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY. 23d LOCATION Fullerton Baltimore Md. 2/3/81 St. Joseph's Ceme 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

7401 Belair Road

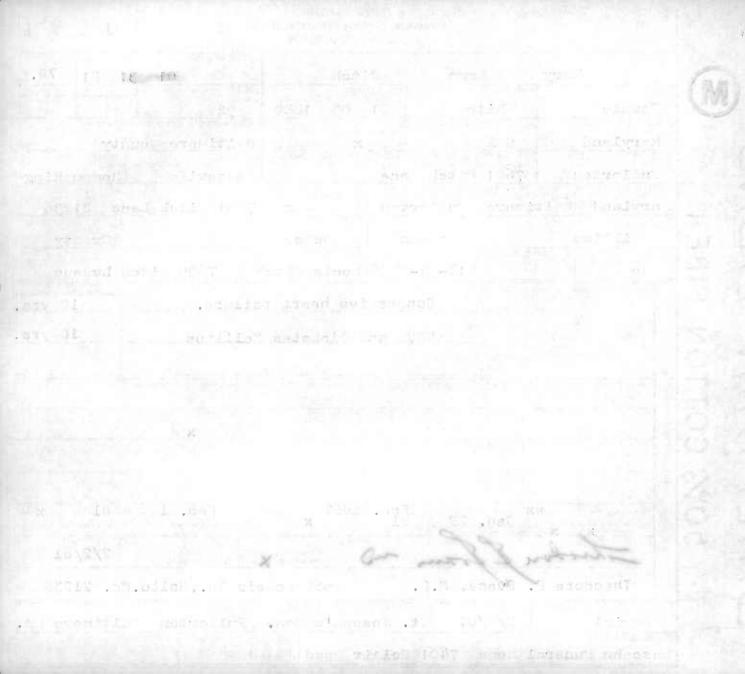
STATE OF MARYLAND

DHMH-16 30M 2/80 (VRA 15, 4)

Burial

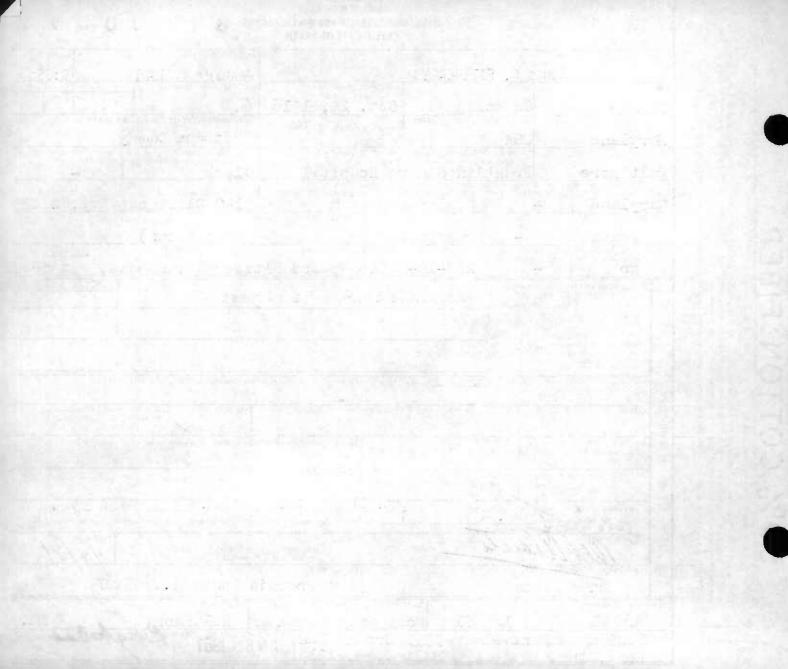
Lassahn Funeral Home

24. FUNERAL DIRECTOR

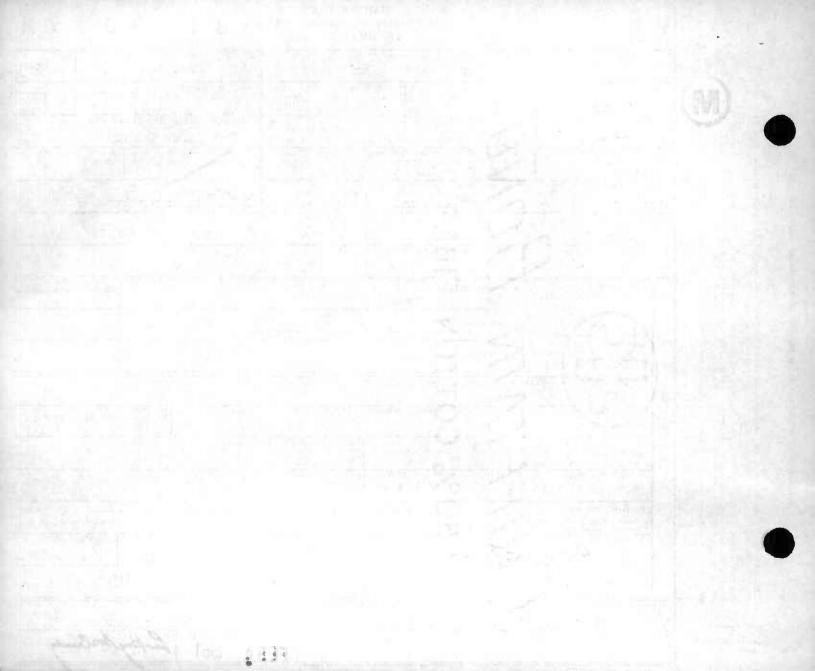


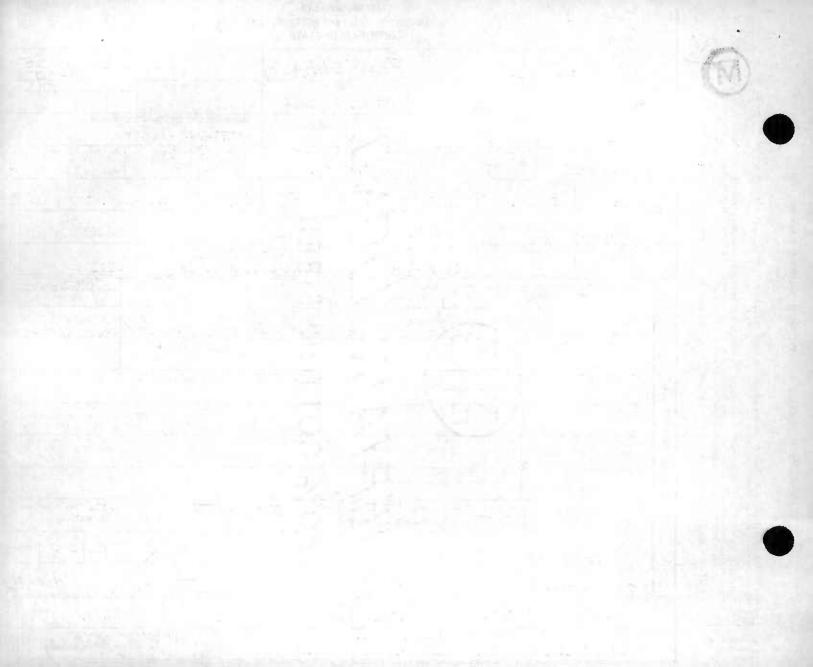
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Stat	Z-	1	274 PHYSICIAN'S NAME OF	CR (KRH)		22e. ADDRESS	J DIRECTOR THI SICIAL	11	/ - /
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2		AS DECEASED EVER ES, NO OR UNKNOWN) NA		WAR OR DATES)	166 SOCIAL SECTION	URITY NO.	17. INFORMANT St. Jose	ADDRE Ph Hospita			
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		22a. I certify that (1) saw the decease obove, (1) two (d) 22b. SIGNATURE	d alive an_	Jan.	30, 19,81		30, 19 81 nd that in () (our) opinion of DEGREE ATTENDING PHYSICIAN	, to Jan. depth occurred on the do	:F	nd from the	
		22d. PHYSICIAN'S NA Henry S).		7620 You	rk Rd. To	wson, M	id. 2	1204
	Re1	URIAL, CREMATION, PECIFY) eased to h NERAL DIRECTOR		Feb. 5		name of c	EMETERY OR CREMATORY od 125a. DATI	23d LOCATION CITY OR TOWN Balt E REC'D. BY REGISTRAR	imore C	COUNTY COUNTY COUNTY CRESS GN	, Md.
		NAME			ADDRESS		-	4004	wife	1/100	sorty





7401 Belair Road

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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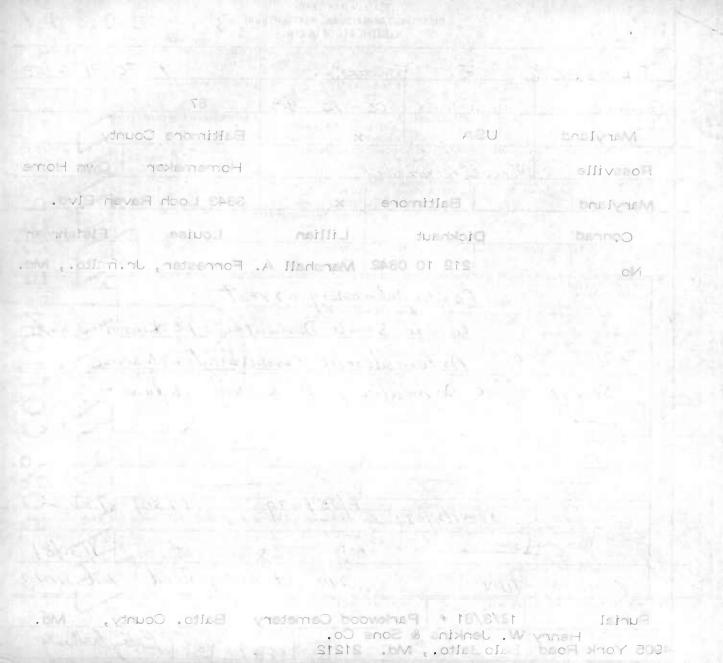
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(VRA 15, 4)

Lassahn Funeral Home

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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OR CONTRIBUTING COLLEGE OF DEATH (IF ETIME, NOTIFY MEDICAL STAMMER) P.M. 19 21d. INJURY OCCURRED 21d. INJ		Me DATE OF OPERATION	196: CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	IN CERTIFYING CA	USES OF DEATH?
72e I certify that (I) (this hospital) attended the deceased from 990, and that in (my) (a copiman death occurred an the date and hour and from the causes stated about 1990 and that (I)			DEATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER HATUBE OF INTUITY IN TEM 16, PART 1 06 PA	
27% SIGNATUS ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRE		72s I certify that (I) (this has saw the decease alove	initially attended the deceased training	aug 10.7	6 10 Dec 10 8	that (f) (N) last
		(1) (a)	uk mo	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/5/81
			Control of the Contro	27 NP 25 TO SEC.	05 Harford Road Balt.	. Md .

DHMH-16 30M 2/80 (VRA 15, 4) Leonard J. Ruck, Inc. Baltimore, Maryland

Jan 7 1981

Moreland Memorial

Baltimore

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STATE

JAN 7 1981

24. FUNERAL DIRECTOR

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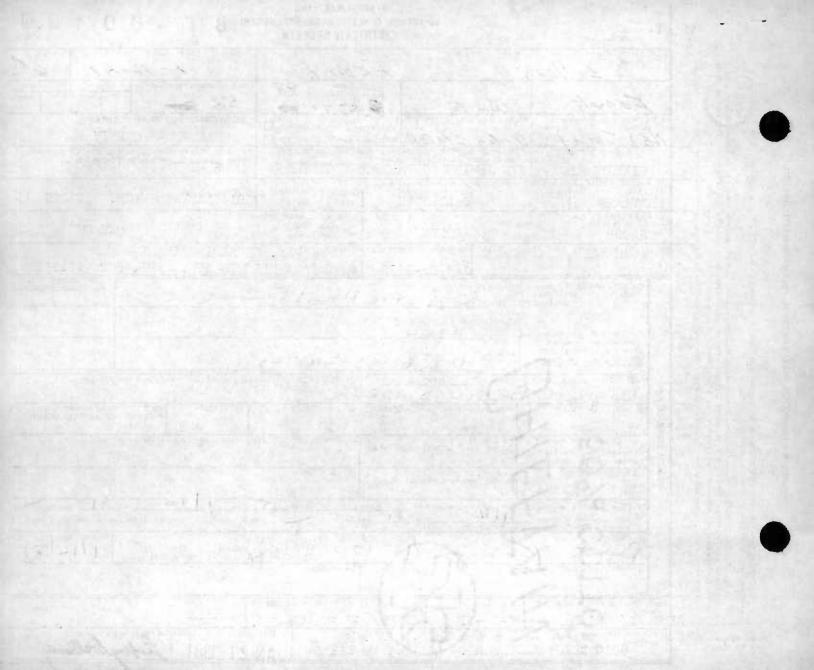
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED Elwood Joseph Frisch, Jr 8. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR.
WITH FORM PM 3. RETAIN PAGE 5 FOR YOUR FILES.
T. PAGES 1 AND 2 SHOULD BE FILED, WITHIN 72 HOURS.
DIVISION OF VITAL RECORDS, 201 W. PRESTON STREET. 2d. HOUR am 5:00 4. RACE IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED male white 11 20 28 52 YRS 81 DEAD Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED USA BaltimoreCounty Maryland WIDOWED DIVORCED 18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY automobile/8102 Pulaski Highway Baltimore Fireman NE COUNTY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Brehms Lane.21206 Maryland Baltimore 4318 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Elda Valentine Elwood Frisch. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES 7. INFORMAN ADDRESS Antoinette Frisch, sife, wame addres Korean Yes 220-12-4475 CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c),) ED AS A BURIAL - TRANSIT PERMIT.
HEALTH AND MENTAL - TRANSIT PERMIT. BETWEEN ONSET AND DEATH MENTAL HYGIENE, N, OR REMOVAL. Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION USED / 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, ICATE, WRITING ...
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THE STATE OF THE CHARMENT OF THE C YES X NO [216 EXTERNAL CAUSE WAS 21b. TIME OF INITURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR 19 21e PLACE OF INJURY (ATHOME. 211 LOCATION AT WORK AT WAT STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY TO MEDICAL EXAMINER: THE EECUTE THE CERTIFICATE. VENCULE BE FORW. TO FUNERAL DIRECTOR: PARTER BEATH, WITH THE SITE BEALTIMORE, MARYLAND, 21 22a I certify that I took charge of the remains described above, held an Autopsy death resulted fram: 1/4/81 ACTUAL DATE SIGNATURE MEDICAL EXAMINER Hormez R. Guard, M.D. 111 Penn Street, Balto., MD 21201 EXAMINER'S NAME TYPE OR PRINT 23d. LOCATION 23a, BURIAL, CREMATION, REMOVAL 23b. DATE STATE Md. Baltimore Moreland Mem. Park Burial JAN 6 1981 FUNERAL DIRECTOR SANIMUN ek Funeral 3331 Brehms Lane VR A15 ME (5) Balto .. Md. 21213 15M 2/80

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO FIRST DECEASED NAME 20 DATE KNOWN 1x 2b. HOUR (TYPE OR PRINT) ESTI-IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS I W. PRESTON STREET, Marie Fuchs DEATH MATED 30 19 81 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. 3. SEX 5. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY) PRONOUNCED 1981 30 female. 9:23 white Aug 13, 1893 87 DEAD To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY U.S.A. Maruland WIDOWED DIVORCED Baltimore County PAGE 5 E FILED, 1 18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS Foseph's Hospital FOR MOST OF WORKING LIFE)
Retired Clothier OR INDUSTRY Towson RETAIN PA USUAL RESIDENCE (IF IN NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13 COUNTY 13c CITY OR TOWN Baltimore BALTIMORE, MD. 21201 13d. INSIDE CITY LIMITS? 3110 Reuckert Ave YEST Maryland NO [14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE Fuchs Amelia FIRST Siegel Christian DIVISION The WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 7. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) Miss Marie Schmidt 8421 Loch Raven Blud 213-10-9920 No ALONG WI APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH MENTAL HYGIENE, N, OR REMOVAL. PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. BE USED AS A BURIAL NT OF HEALTH AND MI BURIAL, CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES [] NO CX 216 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 21f. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED FOR THE FORMARDED FOR THE FORMARD PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P 3 STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autapsy Inspection and in my opinion Inquiry Homicide Undetermined manner TITLE (SPECIFY) 1/30/81 ACTUAL Assistant DATE MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Hormez R. Guard Modess 111 PennStreet, Balto., MD 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Baltimore, Maryland Burial 2/2/81 Loudon Park FFB 2 1981 24. FUNERAL DIRECTOR **DHMH - 17** Leonard J Ruck Inc. Baltimore, Maryland (VR A15 ME (5))

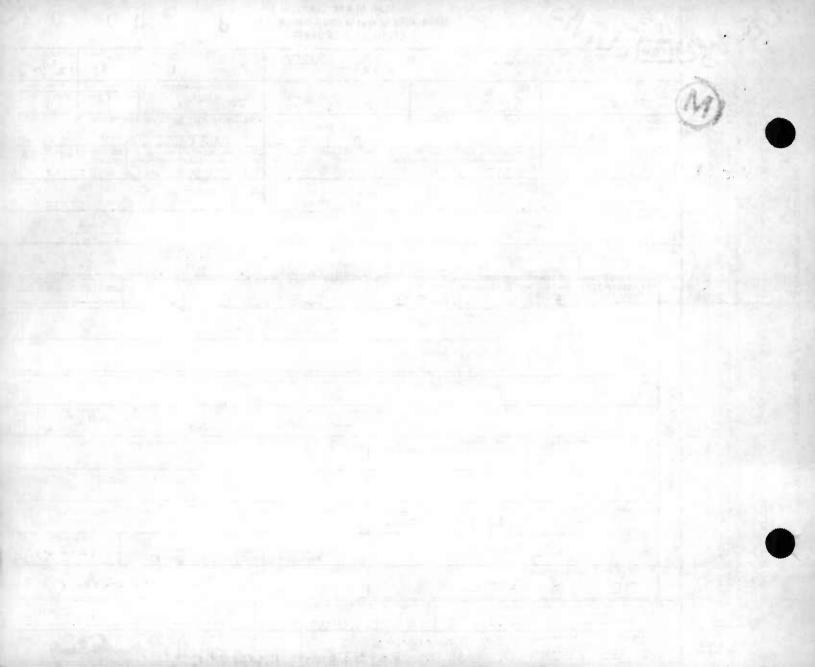
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npletely filled in kind 2 should be file	136.	ALRESIDENCE IF NURSING HOME OF STATE 136 COUMARYLAND BAI ATHER'S NAME FIRST	OR OTHER INSTITUTION	N, GIVE RESIDENCE BEFORE 13c. CITY OR TOW BALTIMOR	ADMISSION)	13d INSIDE CITY LIMITS? YES XXX NO (1) 15 MOTHER'S MAIDEN I	13. STREET ADDRESS 7901 TIV		RD #2	21133
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requires that the death certifis signed by the attending physen please remove carbon pape to burial, cremation, or remove injury, or other traumatic every injury, or other traumatic every injury, or other traumatic every	2	18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS IMMEDIA Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, C	CEREB OR AS A CONSEQUE OR AS A CONSEQUE	NCE OF	-	RMINAL DISEASE OR COI			MAYE PUTENYAL DNSET AND DEATH
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DING PHYSICIAN ttending physician. After this certificat s the burial-transit fit and Mental Hygi marked or Item 18	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTHEY MEDICAL EXAMINE) 210. INJURY OCCURRED WHILE NOT WHILE	P) HOUR A	OF INJURY A.M. MONTH DA P.M. OF INJURY TREET, FACTORY, OFFICE, F	YEAR 19 ARM, ETC.)	21c HOW INJURY OCC	URRED (ENTER NATURE OF IN)		COUNTY	STATE
S a a a a s		22e.F certify that (I) (this hosp sow the deceased alive or above. I we did id	n	1 - 19 8	1 , or		on death occurred on the			that (I) (we) last causes stated
TAL OR the hospital that the hospital that the Dept the Dept TF: If It		22b. SIGNATURE	SAN	the		DEGREE ATTENDING PHYSICIAN		AFF ICIAN (2)	22c. DATE	SIGNED
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DHMH-16 25M (VRA 15, 4) 1/79		NAME OF REISTERSTO	WN RD.	N GBROS., BALTO.,	INC. MD	21215	AN 7 1981	List for	y hel	welly



7	1-	FOR STATE REGISTRAR	DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	004	0 3
, be		CEASED NAME FIRST John	Carroll Ga	rrish	, Sr.	Jan. 25,		26 HOUR Parm
gs 4 mo) po cot, po	3. SEX	Male	White	S. DATE C	ne 3, 1931	6 AGE (IN YEARS LAST BIR'		IF UNDER 24 HRS
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BALTIMORE, MARYLAND 2120) cote be executed within 24 hours in ysicion and completely filled in by opers. Pages 1 and 2 should be file val. the medical examine emust be fail.	13a S	Md. Balt	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 134 CITY OR TOWN	J	YES NO X		shire Court	
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W. PRESTON ST., BAI not the death certificate by the ottending physic sse remove corbanpape I, cremotion, or removal other traumatic event, th		PARTI. DEATH WAS CAUSE	nly one cause per line for (0) b), and ED BY: TE CAUSE (a) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE	NCE OF			BET-WENC	MATE INTERVAL ONSET AND DEATH
RDS, 2011 equires tho en signed bi Then pleos in forburiol, or o	NOI		CONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1(d	3)
TAL RECO	CERTIFICAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO 		200 AUTOPSY?	206 IF YES, WERE FINDIN IN CERTIFYING CAUSES YES [OF DEATH?
VISION OF VI G PHYSICIAN: appropriate this certification ond Mental Hy ked or frem 18	MEDICAL CE	216. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE LIF EITHER, NOTIFY MEDICAL EXAMINER 216. IN JURY OCCURRED WHILE NOT WHILE AT WORK ALWORK	HOUR A.M. MONTH DA	19	216. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU CITY OR TO		STATE
OR ATTENDI or haspital or DIRECTOR: A sched for use Dept. of Heal		22a.1 certify that (1) (this hosp	ital) attended the deceased from		nd that in (my) (our) opinion of	MEDICAL STA	FF 22c. DATE	SIGNED
TO HOSPITAL (retoined by the TO FUNERAL I should be deto with the Store I	22a B	22d PHYSICIAN'S NAME (TYPE OF STANLEY STURIAL CREMATION REMOVAL	feinbach		PHYSICIAN [22e. ADDRESS // SLADE AUC	DIRECTOR PHYSIC	6,	1 1 1 1
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1-6	1	FOR - STATE		DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE &	0	0 4 0 5
	1.0	REGISTRAR ECEASED NAME FIRST	MIDDLE			AST DEATH	REG. No.	O. MONTH DAY	YEAR 2b HOUR
oy be		PE OR PRINT							1981 2:25 PM
pog r deg	3. S	RUTI	4. RACE		5 DATE C	EES F BIRTH	6 AGE (IN YEARS LAST BIRT		UNDER I YEAR IF UNDER 24 HRS
tor, p		Female	White	3 111.	MONTH	26, 1894	86	AOM	HIHS DAYS HOURS MIN.
Page direction hours		BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT C	OUNTRY?			9 BALTIMORE CITY O	R COUNTY OF	FDEATH
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fter dec		CITY OR TOWN OF DEATH	11. NAME OF HOSPITA		G HOME C	R OTHER INSTITUTION	120 USUAL OCCUPATI	ON	126 KIND OF BUSINESS OR
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ysicie oper oper ot, th		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	D RV	-	1 0	1	1000		BETWEEN ONSET AND DEATH
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G Pl offer er the s the l and rked	Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTO	DRY, OFFICE, FA	RM, ETC.)	SIKEEI	CITY OR TOV	/N	COUNTY STATE
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HOSPITAL ned by the FUNERAL old be detail the State ORTANT:		22d. PHYSICIAN'S NAME (TYPE O				22e ADDRESS	1 " " 1 0		
0 00 0		Kolando	VIETA			11E ChesTNU	+ 414 la B	Listers t	DWN, MC
5 a 5 4 3 8	23a.	BURIAL, CREMATION, REMOVAL				METERY OR CREMATORY	23d LOCATION		INTY STATE
BP		Burial	1/24/81	E	altin	nore	Baltimo		Maryland
DHMH - 16 50M 1/76	24.1	FUNERAL DIRECTOR Henry	W. Jenki	ns. &	Sons	Co. 256. DAT	E REC'D. BY REGISTRAR	25h PED STLA	W Streets
(VR A 15 (4))	4	905 York Road	Balto.,	Md.	212	12 JAI	N 23 1301	-	

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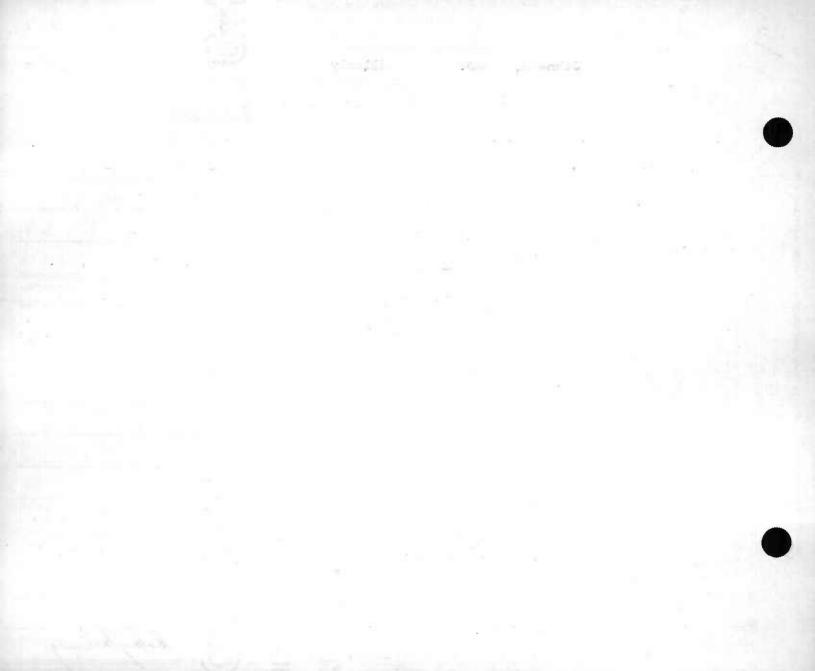
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

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MacNabb Funeral Home



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24. FUNERAL DIRECTOR

Ruck Towson Funeral Home Inc. Towson, Md.

DIVISION OF VITAL RECORDS.

DHMH-16 30M 2/80 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙎

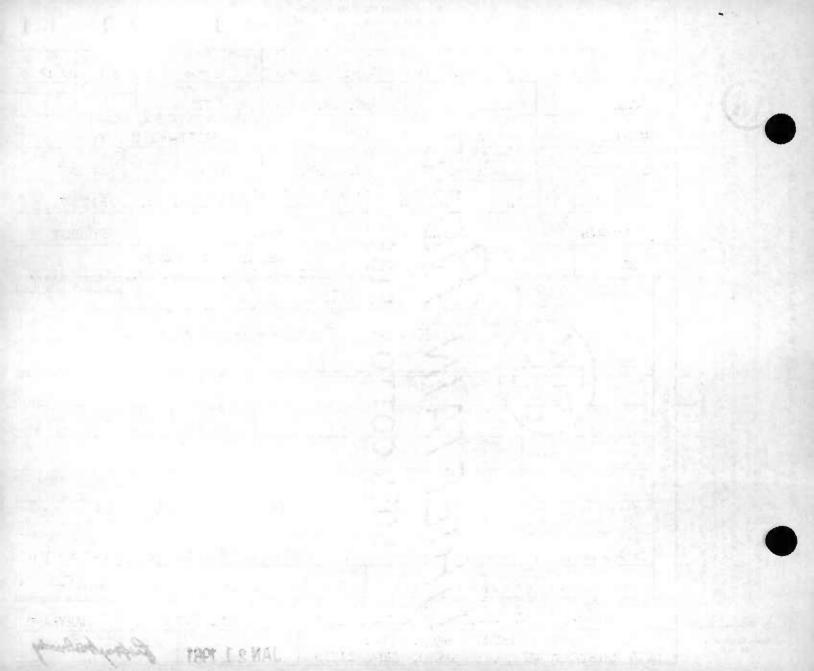
CERTIFICATE OF DEATH

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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BALTO., MD

6010 REISTERSTOWN RD.



U	1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH					NE 8 1 0 0 4 1 2			
		EASED NAME FIRST		MIDDLE	L	AST			DAY YEAR	2b. HOUR	
1 (76m)	(TYPE)	Andrew	Ignatius	Anthony	Go	nce	Jan.	21, 1	981	5:56am.	
	3. SEX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS	
		Male	White		Aug	ust 24 1916	64	YRS.	NONTHS DATS	HOURS & MIN.	
1 6 g		THPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH		
Sylva no 72	Ma	ryland	U.S.	Α.	WIDOWE		Baltimore	Count	v	MD.	
is ofter d by the fu filed within	T	OWSON	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR OST OF WORKING LIFE) INDU Bartender 120. USUAL OCCUPATION (TYPE OF WORK FOR OST OF WORKING LIFE) INDU Bartender						12b. KIND O	n Inn	
PRESTON ST., BALTIMORE, MARYLAND 21201 he deoth certificate be executed within 24 hours of he offending physicion and completely filled in by emove carbompopers. Pages 1 and 2 should be file motion, or removal. Traumotic event, the medical exominer must be for	130. S	L RESIDENCE (IF NURSING HOME TATE 138 COL Md .	OR OTHER INSTITUTION JNTY	Baltimor		YES X NO		lshire	e Ave.		
MARYL, and within ted	14. FA	THER'S NAME FIRST John	MIDDLE T.	Gonce		15. MOTHER'S MAIDEN NAM FIRST Anna	MIDDLE		lckard	и	
IMORE,	16a. ₩ (Y	AS DECEASED EVER IN U.S. A LES, NO OR UNKNOWN) (IF YES, C)	GIVE WAR OR DATES)	214 01 7	038	John A. Gonc	e 3822 Schr	SPerry oeder	Hall,	Md. 21128	
BALTI ore bysicion opers.		18 CAUSE OF DEATH (Enter	only one couse pe	r line for (o), (b), one	d (c).)	6.			APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH	
ST., as phy on po	100	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CHARDED PRECIOUS PRECIOU									
ON the central corbins corbins and the central corbins and corbins		DUE TO, OR AS A CONTROPOSE OF THE PROPERTY OF									
RESTOR death ottend nove co otion, o		Conditions, if ony, which (b) 490000 111 4 13000									
wy the off		couse (a), stoffing the underlying couse lost. (c) DUE TO, OR AS A CONSECARGE OF and pleural effreshing of?. Etions (c)									
2 8 9 6 7	NO	PART 2. OTHER SIGNIFICAN	CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 10	01	
he low re on. hos been t permit. T ene prior	CERTIFICATION	19a. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES S		
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r ottending physicion. Wher this certificate has been sign os the buriol-tronsit permit. Then thand Mental Hygiene prior to bu orked or them 18 shows any injury orked or them 18 shows any injury		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	BEATH HOUR A	DF INJURY .M. MONTH DA .M.	YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 P	ART 1 OR PART 2)		
HYS and his of the burner of t	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM FIC)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE	
AVIS AG P offer 1 hon orked	2	AT WORK AT WORK						- 04	0.4		
DIVI		220.1 certify that (IX) this has sow the deceased alive a above, (I) (we) (did) (did	Jan.	21. 19	^-	an. 11 , 19 81 and that in $(\mathbf{X}_{\mathbf{y}})$ (our) opinion of	, toJan deoth occurred on the d		r ond from the	thotXI) (we) lost couses stoted	
S c c c c c c c c c c c c c c c c c c c		22b. SIGNATURE	1Ra	There	>	DEGREE ATTENDING _	MEDICAL STA	FF	.Tan	SIGNED 21,1981	
SPITAL d by 1 NERAL be det be Stote TANT:		22d PHYSICIAN'S NAME (TYPE	F OR PRINT)	are		PHYSICIAN L	DIRECTOR PHYSI	CIAN		,,,,,,,	
TO HOSPITAL O retained by the TO FUNERAL D should be detact with the State D		Lawrence Boa				50 Scott Ada		eysvi1	le, Md	. 21030	
F 2		URIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE	
641 BP	24 51	Burial UNERAL DIRECTOR	1/24/	81 Ho		deemer Cemete	ry Baltin E REC'D. BY REGISTRAR	ore 1	Marylan	Bearly	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR DECEASED NAME 20. DATE KNOWN 2b HOUR (TYPE OR PRINT) ESTI-Joseph Mayhew DEATH MATED Goppy 6 81 19 4. RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS YEAR DATE MONTH LAST BIRTHDAY black PRONOUNCED male DEAD 19 81 AM To. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY St. Agusta Trinadad Baltimore County WIDOWED DIVORCED AND 2 SHOULD BE FILED.

AMD 2 SHOULD BE FILED.

FULTAL RECORDS. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Townbrook Drive OR INDUSTRY Woodlawn unemp. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130. STATE 13L_COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13r CITY OF TOWN Md. Altimore YES NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME B. GIVE PAGES 1, 2 WITH FORM PM 3 II. PAGES 1 AND 2 DIVISION OF VITA MIDDLE MIDDLE Sybil Goppy 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) No 213-88-0114 M's. Arlene Neale 5400 Lynview Ave APPROXIMATE INTERVAL ALONG WI CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ED AS A BURIAL-TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, IL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: Asphyxia IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION NER: This idea is the control of the 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES 🗌 NO T 21g. EXTERNAL CAUSE WAS Est. 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. TIME OF INJURY OR HOUR A.M. UNDERLYING from hanging by neck 19 81 CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 21f. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) CITY OF TOWN AT WORK AT WORK house 6753AptD, Townbrook, Woodlawn, BaltoCo. 22a. I certify that I took charge of the remains described above, held an Autopsy XX Inspection Inquiry and in my opinion death resulted fram: Hamicide Undetermined monner SHOULD B TITLE (SPECIFY) ACTUAL Assistant 1/7/81 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Hormez R. Guard, M.D. 111 Penn Street, Balto., MD 21201 (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF TOWN Buria1 BP Tuna Puna 25a. DATE REC'D. BY REGISTRAR 75M 24. FUNERAL DIRECTOR **DHMH-17** 1981 "Teroy O. Dyett and Son" 4600 Liberty Heigh ts Ave (VR A15 ME (5) 15M 2/80

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IMPORTANT: If Item 21 is morked or Item

FOR - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 O	0 4 1 6		
DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH OF	YEAR 26 HOUR		
MARGARET	T GRAUEL		1/27/	81 9;05RM		
	ACE	5. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS		
Female	White	April 12, 1894	86 YRS.	ONTHS DAYS HOURS MIN.		
BIRTHPLACE (STATE OR FOREIGN 7b. C	CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH		
Maryland	U.S.A.	WIDOWED DIVORCED	TOWSON BA	elto. (0. MD.		
CITY OR TOWN OF DEATH		G HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	12b. KIND OF BUSINESS OR		
BALTIMORE	6701 N CHAP	RLES ST GBMC	Practical Nurse	INDUSTRY		
SUAL RESIDENCE (IF NURSING HOME OR OTHE 0. STATE 13b. COUNTY Maryland Baltir	13c. CITY OR TOWN	N 13d. INSIDE CITY LIMITS? YES NO 🔀	13e. STREET ADDRESS 615 Chestnut A	Avenue		
FATHER'S NAME FIRST MIDD James	Chesney	15. MOTHER'S MAIDEN NA Myrtle	ME MIDDLE	Michael		
WAS DECEASED EVER IN U.S. ARMED		RITY NO. 17. INFORMANT	ADDRESS			
(YES NO OR UNKNOWN) (IF YES, GIVE WA	217-22-76	Pickersgill	Home 615 Chestnu	at Avenue		
18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY IMMEDIATE C.	CAPDI	AC ARREST		BETWEEN ONSET AND DEATH		
4100	DUE TO, OR AS A CONSEQUE	NCE OF		Server hours		
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	(b) PROB DUE TO, OR AS A CONSEQUE					
	(c)	DEATH BUT NOT RELATED TO THE TERM	ANAL DISEASE OF CONDITION CIVE	ALINI DADT 3		
PART 2. OTBER SIGNIFICANT CON	CONTRIBUTIONS CONTRIBUTION TO D	DEATH BOT NOT RELATED TO THE TERM	TINAL DISEASE OR CONDITION GIVE	NIN PART I(0)		
19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?		
710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, PAR	RT 1 OR PART 2)		
21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION				
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE		
220.1 certify that (** (this haspital) saw the deceased alive on a character (this haspital) (did not be a character (this has	(1) /	1/30 1969	, to	9 k, that (1) (we) lost		
		and that in (my) (our) opinion	death occurred on the date and hour	and from the causes stated		
276. SIGNATURE	ew the body after death.	DEGREE		221 DATE SIGNED		
270. SIGNATURE	w the body after death.	DEGREE	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED		

BP. DHMH-16 30M 2/80

etained by the haspital

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please should be detoched for use as the burial-tronsit permit. Then plea: with the State Dept. of Health and Mental Hygiene prior to burial,

(VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation

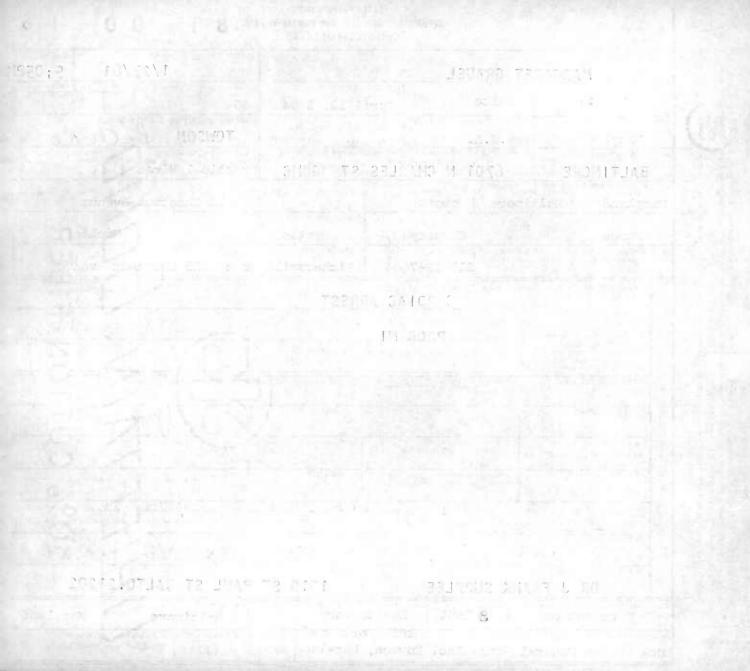
23b. DATE 1-2**8**-1981

231 NAME OF CEMETERY OR CREMATORY Loudon Park

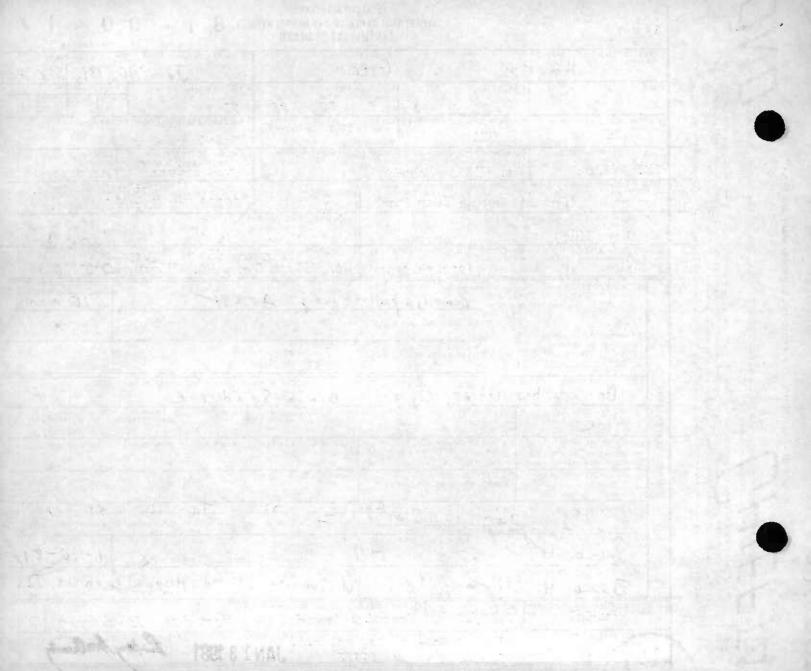
23d LOCATION
Baltimore

Maryland

Ruck Towson Funeral Home, Inc. Towson, Maryland JAN 3 U 1981



8728 Liberty Rd., Randallstown, MD 21133



DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-Robert Mason DEATH MATED 81 Green.Jr 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS | IF LINDER) YR TIF LINDER 24 HRS 2c. DATE 2d HOUR PRONOUNCED male white 1.81 Aug. 18,1950 30 DEAD 76. CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY)
Maryland U.S.A. WIDOWED DIVORCED Baltimore County 10. CITY OR TOWN OF DEATH 8. GIVE PAGES 1, 2, AND 3 TO THE P WITH FORM PM 3. RETAIN PAGE 1. T. PAGES 1 AND 2 SHOULD BE FILED DIVISION OF VITAL RECORDS, 201 V 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS OR INDUSTRY Construction Parkton Middletown Rd/Bulls Sawmill Rd USUAL RESIDENCE (IF IN MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY Glen Rock 134 INSIDE CITY LIMITS? PD 38 STREET ADDRESS 69 Glen Rock, Pa. Pennsylvania 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Dorothea Sell'ick Robert Mason Green 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 7. INFORMANT ADDRESS Mr. Robert M. Green 4145 Madonna Road 215-54-3719 No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL EXECUTE THE CERTIFICATE, WRITING THE WORD "FENDING" IN PENCIL IN ITEM 18.

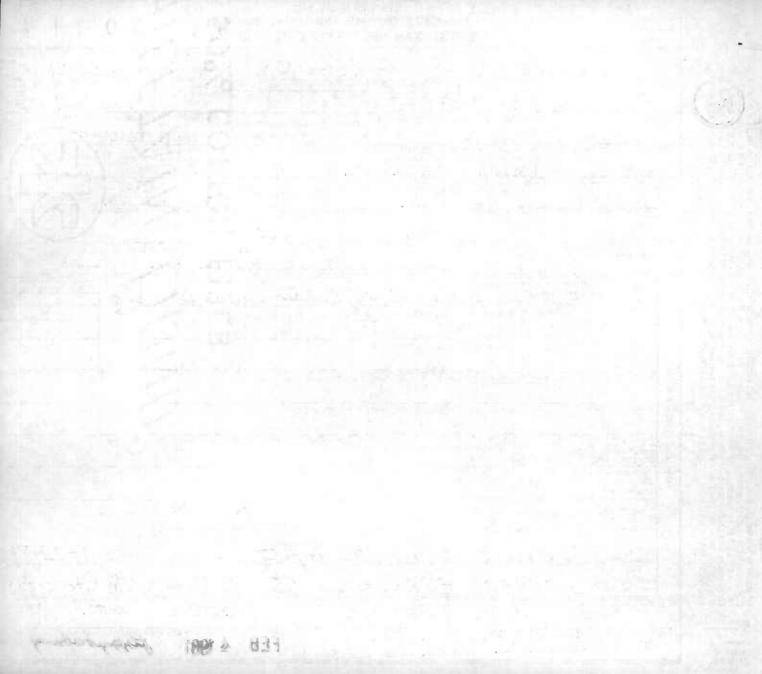
PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W
THE PREATH DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT.

AFTER PEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGENE. D
BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 190, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 NO [] 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Driver in auto/fixed object/ejected collision 218 PLACE OF INJURY (AT HOME. 211. LOCATION 71d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) NOT WHILE AT WORK roadway MiddletownRd/BullsSawmillRd. AT WORK BaltoCo MD 220. I certify that I took charge of the remains described above, held an Inspection Inquiry and in my apinian XX death resulted fram Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 1/25/81 Assistant SKINATURE EXAMINER'S NAME Hormez R. Guard.M.D. ADDRESS 111 Penn Street.Balto.MD 21201 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23r. NAME OF CEMETERY OR CREMATORY COUNTY Maryland Baltimore Cremation 1-26-1981 Loudon Park BP. 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1050 York Road ADDRESS **DHMH-17** JAN 2 Ruck Towson Funeral Home, Inc. Towson, Maryland (VR A15 ME (5)

15M 2/80

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W DE LA	-	EXAMINER'S NAME	DAIRADO	FFPP	CRA	ADDRESS 555	Rolling	e 1/10	Pika a	1229
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	22.0	(TYPE OR PRINT)	U/4 / 1/7 / D U	1 4 7 7		ADDRESS	Nac World	Cival	11.4 2	1220
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DHMH - 17	74.	UNERAL DIRECTOR SO	STOWN DD ADDRE	BROS., IN		FEB	D. BY REGISTRAR 25b. RI	Line Sold	Mahre	dy
(VR A15 ME (5)) 15M 2/80		-10141	- TOWN KD.	"BALTO., MD	212	15	- 1301	4 47		/



Martin D. Lawson, 10 W. Padonia Rd.

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STATE OF MARYLAND

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Charles W. Burrier, Jr. , Sykesville, Md.

FOR

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH-16 25M (VRA 15, 4) 1/79 STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

250. DATE REC'D. BY REGISTRAR 21 PEGISTRAR'S SIGNATURE

2b. HOUR

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IF UNDER 24 HRS

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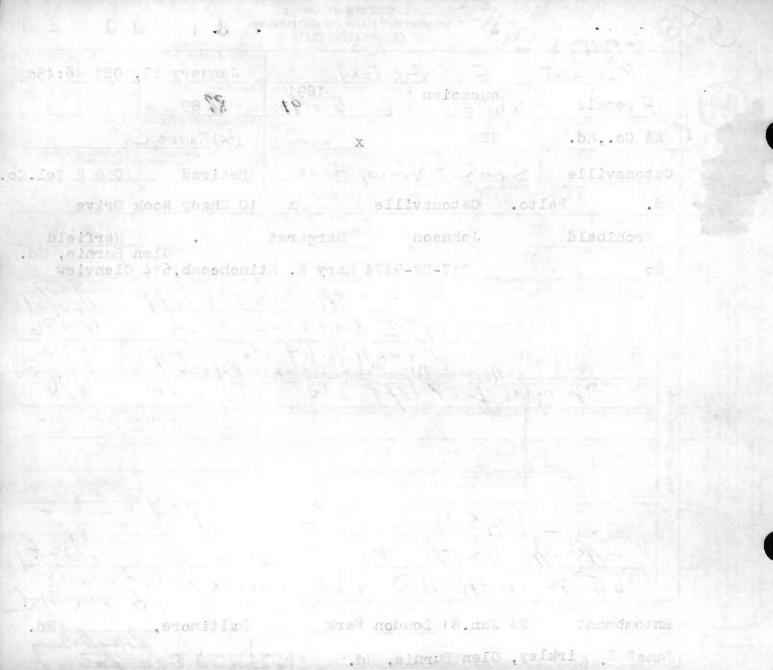
Otho Plemino Cordelia Nullinis

No '' - Abert Grimes 5508 Edmondson Ave.

Elmo Gayoso, M. D. Sall Old Frederick Rd.

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		1			STATE OF MARYLAND		
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BALTIMORE, MARYLAND 212 cate be executed within 24 hour spicion and campletely filled in it				ROTHER INSTITUTION GIVE RESIDENCE BEINTY 13c CITY OR TO Timore Perry		9210 Hines F	Road 21234
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DHMH - 16 50			UNERAL DIRECTOR	ADDRESS	JAI	PATE REC'TY PRIGISTRAR 256 REGIO	TRAR'S SIGNATURE
(VR A 15 (4))	I	assahn Funer	al Home 740	Belair Road		



Balto. Md. 21229



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			STATE OF MARYLAND							
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	1			STATE OF MARYLAND		
15	1-	FOR STATE REGISTRAR FILM #G5	79-mdf 5/13/83		GIENE 8 REG. NO.	00429
		CEASED NAME FIRST	MIDDLE	LAST	2e. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
333		Lauren	e M.	Handy		1/ 06/ 1981 4:35A M
	3. SE	X	4 RACE	5. DATE OF BIRTH	& AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
		Female	Negro	1/ 09/ 1924	56	YRS MONTHS DAYS HOURS MIN
3	In BI	RTHPLACE (STATE OR FOREIGN DUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY U. S. A.	Y? MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY O	R COUNTY OF DEATH
	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATE	ON 12h KIND OF BUSINESS OR
2	-	Baltimore	6816 Yataruba		Clerk	F WORKING LIFE) INDUSTRY Soc. Security
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	,	No.	579-20	-6963 Herman J. Ha		taruba Drive 21207
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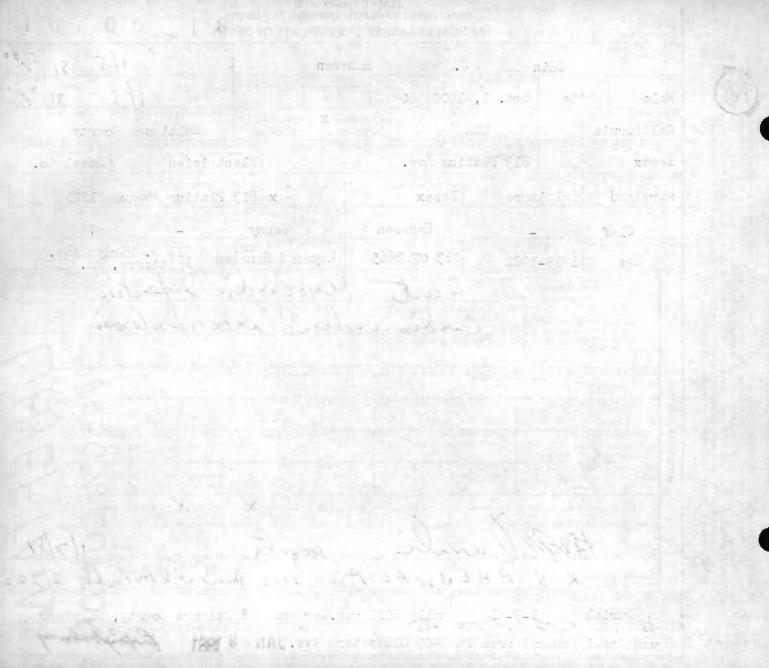
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME FIRST MIDDLE a. DATE KNOWN (TYPE OR PRINT) OF ESTI-Odin J. Hanssen DEATH MATED 19 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 25. DATE YEAR LAST BIRTHD AY PRONOUNCED 6 Oct. 1, Male white 1900 80 DEAD 19 b. CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH OREIGN COUNTRY MARRIED NEVER MARRIED California USA Baltimore County WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Platium Ave. FOR MOST OF WORKING LIFE) OR INDUSTRY Essex Electrician Steel Co. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 36 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Baltimore Essex 813 Platium Avenue 2122] NO TO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME WITH FORM PM T. PAGES 1 AND DIVISION OF VIT FIRST MIDDLE MIDDLE LAST Hanssen Jenny Olaf 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b. SOCIAL SECURITY NO. 17. INFORMANT Son) (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Marlyn Ave. Yes 07 3665 1919-1922 Raymond Hanssen Baltimore. 18 CAUSE OF DEATH (Enter only one couse per line for (1), (b), and APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF URIAL. lying cause last. AND CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL YES PAGE 3 SHOULD BE STATE DEPARTMENT BE 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING LOR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. PRIOR 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 21201 22a. I certify that I took charge of the remains described above, held an DIRECTOR: Autopsy Inspection ond in my opinion WITH THE ARYLAND, deoth resulted from: Undetermined monner Suicide Homicide TITLE (SPECIFY TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION Mem. Gardens Burial Holly Hill Baltimore County, BP. 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** Home PA 1407 OldEastern Ave. JA (VR A15 ME (5)) 15M 7/77



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nay be page 3		CEASED NAME E OR PRINT)	BEVE		ORRAIN	E HARI	EY	20	REG. N DATE OF DEATH	MONTH E	0/81	26 HOUR 8;54Pm
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs or attending physician. Were this certificate has been signed by the attending physician and campletely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be file than Amental Hygiene prior to burial, cremation, or removal. On the Member of the properties of the properti	NO	Canditians, if any, gave rise to improve (a), stating underlying cause	nediate g the last.	DUE TO, OI (b) DUE TO, OI (c)	R AS A CONSEC	DUENCE OF	NOT RELATED TO T	THE TERMINA	al disease or Coni	DITION GIVE	EN IN PART 1(c	3 1
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STATE OF MARYLAND FOR **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWNLED (TYPE OR PRINT) OF JAMES HARLFINGER DEATH MATER 4. RACE 6 AGE (IN YEARS | IF UNDER 1 YR. 3 SEX S. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED WHITE MALE 11 33 76. CITIZEN OF WHAT COUNTRY? To BIRT PLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. WIDOWED DIVORCED Y BALTIMORE COUNTY 2, AND 3 TO THE FUR 3. RETAIN PAGE 5 F SHOULD BE FILED, W. 10. CITY OR TOWN OF DEATH USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS ST. SUCH JOSEPHET HOSPITAL OR INDUSTRY BALTO. Truck Driver Education USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONI 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 21234 BALTIMORE NO X PROCTOR LN AND 2 SH 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME Alexander MIDDLE MIDDLE LAST Harlfinger Martha Shane PERMIT, PAGE 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) 216-30-137 Alexander Harlfinger 2635 Proctor La Yes Korea CAUSE OF DEATH (Enter only one couse per line for (0) to and (e) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY x Idal IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL-HEALTH AND MEI CREMATION, OR R lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF YES [] S SHOULE DEPARTMENT C PRIOR TO BURIA 21g. EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e. PLACE OF INJURY (AT HOME, II. LOCATION STREET, FACTORY, FARM ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK DIRECTOR: 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted from Matural causes Undetermined monner PAGE 4 SHOW:
TO FUNERAL DI
AFTER DEATH, V MEDICAL EXAMINER SIGNED EXAMINER'S NAME CHARIFS F O'DONNELL MADDRESS TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION STATE Burial 5, 81 Dulaney Valley Mem. Jan. Gar. Balto. Co., MD BP. 24. FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** III iam E. Johnson 8521 LochRaven Blvd (VR A15 ME (5)) 15M7/77

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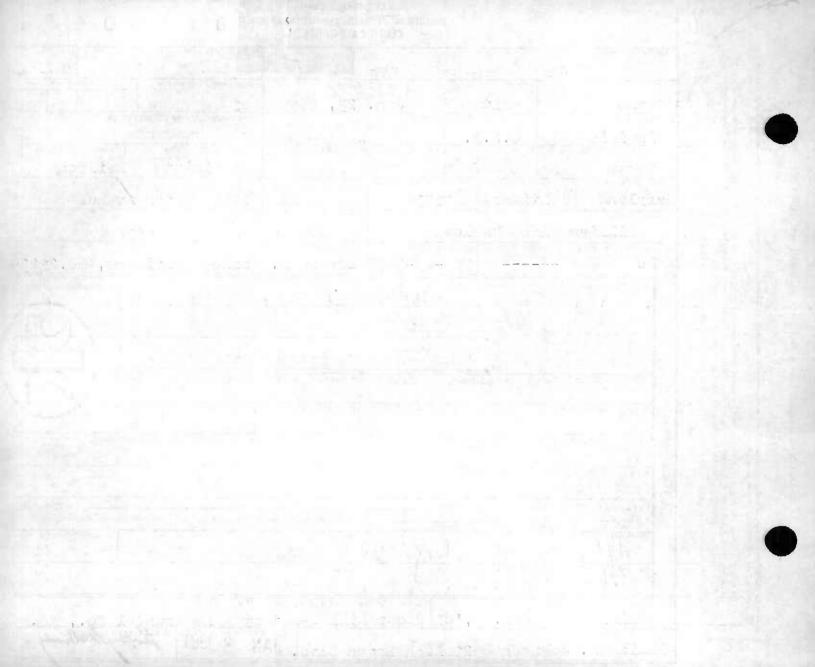
William E. Johnson 8521 Loch Raven Blvd.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE

DHMH-16 30M 2/80

(VRA 15, 4)



FOR

REGISTRAR

- STATE

Parks Lutherville Ruth H. Whitelock, 1726 Kurtz Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED Reisterstown, Md. Burial 2/2/81 Grace U. Meth. Ch. Cem. BP Lemmon-Mitchell-Wiedefeld 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-16 30M 2/80 (VRA 15, 4) Lawson, 10 W. Padonia Rd.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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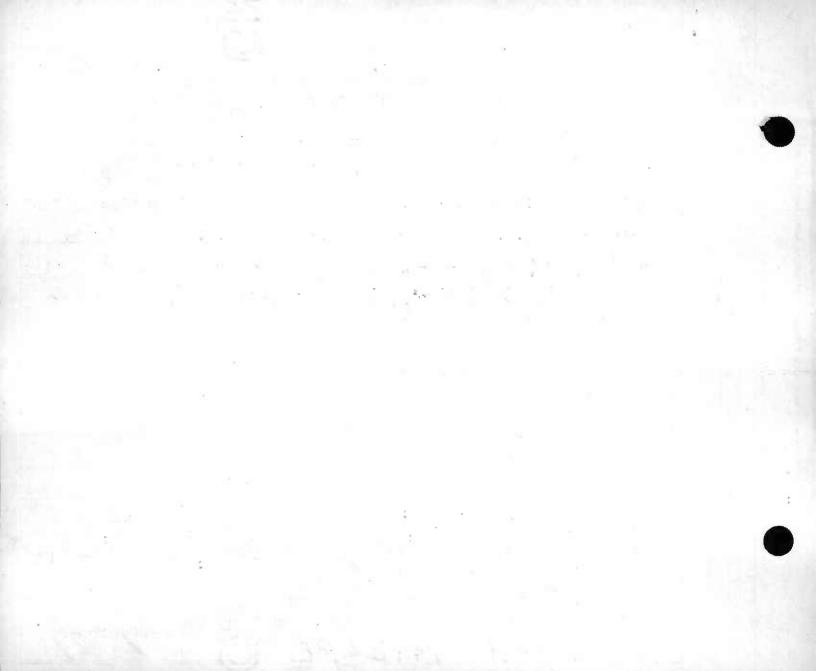
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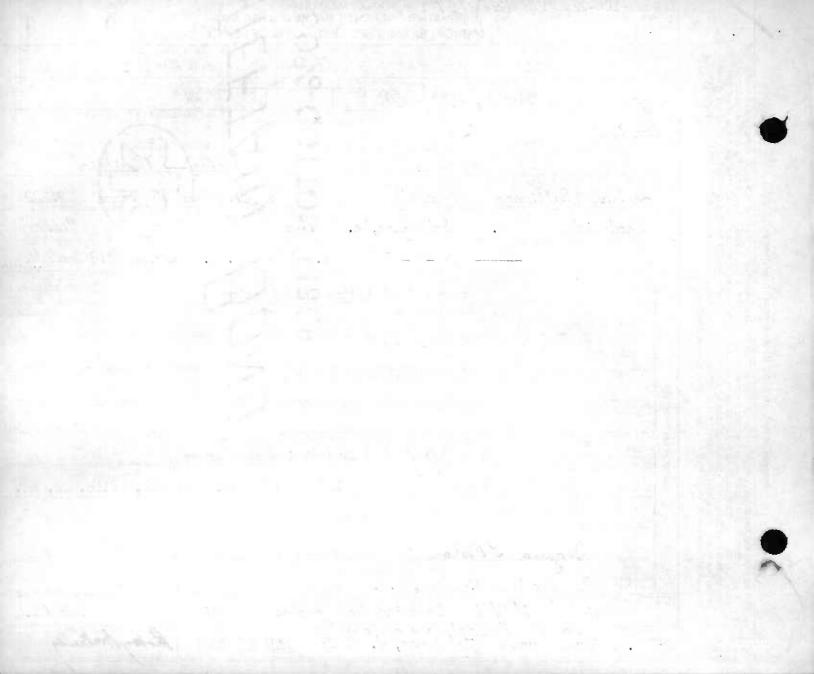
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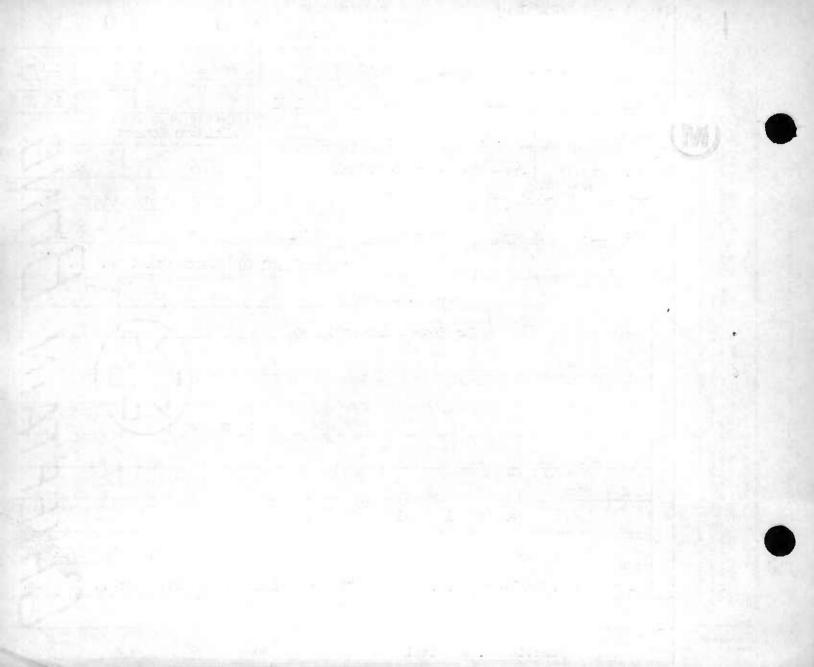
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME AIDDLE 20 DATE OF DEATH MONTH DAY 2b. HOUR (TYPE OR PRINT) Haze1 Harrison Jan. 13. 1981 9:10p Anna 3 SEX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS Female White 86 To BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED USA Baltimore County Virginia West WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126. KIND OF BUSINESS OR St. Joseph Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Towson Housewife Homemaking USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Baltimore 9208 Swiven Place Marvland Rosedale NO T 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE Waitman T.W. Wheeler Smalley Mary M.C. In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 224-50-7736 Eleanor Greentree 9208 Swiven Place 18 CAUSE OF DEATH (Enter only one couse per Gologestine Heart Failure PART), DEATH WAS CAUSED BY: APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DAYS DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (D), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 206. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? be NOXX NO [YES [Mental Hygie 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21 LOCATION ò 71e PLACE OF INJURY CITY OF TOWN COUNT (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE AT WORK WHILE Jan Ian 22a.1 certify that 20) (this haspital) attended the deceased from Jan. sow the deceased alive an. and that in (Xy) (our) opinion death occurred on the date and hour and from the causes stated obove, (Hewe) (did solving) view the body after death 22h SIGNATURE DEGREE 22c. DATE SIGNED 0 ATTENDING MEDICAL PHYSICIAN DIRECTOR | PHYSICIAN MPORTANT. 274 PHYSICIAM'S NAME ITHE OF PRINTI 22e ADDRESS should be 7600 Osler Drive, Towson, Md. 21204 James Kleeman, M.D. 23a, BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 236 LOCATION 23b. DATE STATE (SPECIFY) COUNTY Burial Parklawn Mem. Park Hampton Va. HAN TRAR 256 REGISTRATES SIGNATURE 24 FUMERAL DIRECTOR DHMH-16 20M (VRA 15, 4) 7/78



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186 WAS DECEASED EVER IN U.S. ARMED FORCES? 168. SOCIAL SECURITY NO. 212-20-0504 17. INFORMANT ADDRESS 17. M. William J. H. Harrison 8113 Durday 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I DEATH WAS CAUSE BY: 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I DEATH WAS CAUSE BY: 19. CONDITIONS (ON TRIBUTING CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF (c) Conditions, if any, which gave rise to immediate couse (o) stoling the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF (c) 19. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED? 18. ENTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR PART I DEATH OF PART I OR P	130.	Marylan	rá Balt	or other institution, G TY LMORE	13 CITY OR TOY	MISSION) VN	YES NO K		ADDRESS Dundal	k Avenu	ue 21	222
PART 1 DEATH WAS CAUSED BY: Acute Amitriptyline Intoxication	74. F	Fred Fred	erick	MIDDLE W.	Schneid	len, Sn.		EN NAME	WIDDLE		Mar	ke
PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Acute Anitriptyline Intoxication OUE TO, OR AS A CONSEQUENCE OF	1 160	WAS DECEASE YES. AP OR LINKNI	D EVER IN U.S. ARA	WED FORCES? WAR OR DATES)	212-26-0	URITY NO. 1504	Mr. Willie	am J. H	H. Harri	ison 81	113 Duna	lal
PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 190. DATE OF OPERATION 190. DATE OPER	ا د	18 CAUSE C	EATH WAS CAUSED	BY: A	e for (a), (b), and (c).	iptyli	ne Intoxio	ation	1		BETWEEN ON	SET AN
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO DEATH SET OF RELATED TO DEATH BUT NOT RELATE		951	13	L CAOSE (a)						1-53		-
PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 190. DATE OF OPERATION 190. DATE OF OPERATION 190. CONDITIONS FOR WHICH OPERATION WAS PERFORMED? 210. AUTOPSY? YES 211. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY INTERN 18 PART 1 OR PART 2) WHILE AT WORK 211. INJURY OCCURRED WHILE AT WORK 211. INJURY OCCURRED STREET, ACCIORY, FARM, ETC.) STREET, ACCIORY, FARM, ETC.) STREET, ACCIORY, FARM, ETC.) ACCIUAL ACCIUAL SIGNATURE While AT WORK ACCIUAL SIGNATURE WHILE ACCIORY, FARM, ETC.) ACCIUAL M. D. ASSISTANT MEDICAL EXAMINER DATE 1/20/8 SIGNED 1/20/8 111 Penn Street 1/20/8 112 CATION COUNTY MARYSIC		gave r	ise to immediate) stating the <u>under-</u>	< ' '	R AS A CONSEQUEN	ICE OF	/ 					
ACTUAL SIGNATURE VIRGINIA L. Dolan, M.D. ADDRESS 120. EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Durial 1/22/81 1/22/81 1/22/81 1/22/81 1/22/81 1/22/81 1/20/8 1/2	z	PART 2 OTNER S	IGNIFICANT CONDITIONS	(c)CONTRIBUTING TO DEATN	BUT NOT RELATED TO THE	TERMINAL DISEAS	OR CONDITION GIVEN IN PA	ART 1 (a).				
AT WORK AT WORK 120. I certify that I took charge of the remains described above, held an death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner . ACTUAL SIGNATURE . Location . M.D. Assistant . MEDICAL EXAMINER . SIGNED . 1/20/8 EXAMINER'S NAME (TYPE OR PRINT) . Virginia L. Dolan. M.D. ADDRESS . 111 Penn Street 230. BURNAL CREMATION REMOVAL 230. DATE . Location . County Mary \$10.00 per county . Date .	CATIO	19a. DATE O	OPERATION	196 CONDI	ITION FOR WHICH C	PERATION W	AS PERFORMED?				2D. AUTOPS	Y?
AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner . TITLE (SPECIFY) ACTUAL SIGNATURE . MEDICAL EXAMINER . SIGNED . 1/20/8 EXAMINER'S NAME (TYPE OR PRINT) . Virginia L. Dolan, M.D. ADDRESS . 111 Penn Street 23a. BURIAL, CREMATION, REMOVAL 23b. DATE . 1/22/81 . NAME OF CEMELERY OR CREMATORY . DATE . DOLAN . Many State . COUNTY . CO		21g. EXTERN	AL CAUSE WAS	21b. TIME O	FINJURY	21c HC	OW INJURY OCCURR	D (ENTER NATU	IRE OF INJURY IN ITE	M 18 PART 1 OR P.		1
AT WORK AT WORK 120. I certify that I took charge of the remains described above, held an death resulted fram: Notural causes . Accident . Suicide . Hamicide . Undetermined manner . ACTUAL SIGNATURE . MEDICAL EXAMINER . SIGNED . 1/20/8 EXAMINER'S NAME (TYPE OR PRINT) . Virginia L. Dolan, M.D. ADDRESS . 111 Penn Street 230. BURIAL, CREMATION, REMOVAL 236. DATE . Lorraine lark emetery . Dation . County Mary \$10.00 mary \$	ERTIFI			HOUR A.A	A MACHITH DAY	YEAR						
death resulted fram: Natural causes Accident, Suicide, Hamicide, Undetermined manner, ACTUAL SIGNATURE	CAL CERTIFI	UNDERLY INC	ING CAUSE OF D	DEATH P.A	A. 1/19/ 19			sted d	rugs			
Dunda 1/22/31 Londonte Tank Cemetery Dalzimone Maryio	MEDICAL CERTIF	UNDERLYING CONTRIBUT 21d. INJURY WHILE	ING CAUSE OF D OCCURRED NOT WHILE	P.A 21e PLACE STREET, FAC	A. 1/19/ 19 OF INJURY (AT HON TORY, FARM, ETC.)		CATION	cr	TY OR TOWN	lk, Ba	lto. Co	. 1
Duntal 1/22/51 London Tank Cemetery Daltimore Marylo	MEDICAL CERTIFI	UNDERLYING CONTRIBUT 21d. INJURY WHILE AT WORK	ING CAUSE OF DOCCURRED NOT WHILE AT WORK Ify that I took charge	DEATH P.A. 21e PLACE STREET, FACE NOTE e of the remains de	A. 1/19/ 10 OF INJURY (AT HOW STORY, FARM, ETC.) 10 scribed above, held	an Autop	CATION IREE 113 Dundal sy X, Inspection	k Ave.	Dunda			. 1
Durial 1/22/31 Lorrable Tark Cemetery Dalzimone Marylo	MEDICAL CERTIFI	UNDERLYING CONTRIBUT 21d. INJURY WHILE AT WORK 22a. I cert death result	ING CAUSE OF DOCCURRED NOT WHILE AT WORK Ify that I took charge	DEATH P.A. 21e PLACE STREET, FACE NOTE e of the remains de	A. 1/19/ 10 OF INJURY (AT HOW STORY, FARM, ETC.) 10 scribed above, held	an Autop	CATION IREE J Dundal Sy X, Inspectic Homicide ,	k Ave.	Dunda		pinian	
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	2	UNDERLYING CONTRIBUT 21d. INJURY WHILE AT WORK 22d. I cert death result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PR)	ING CAUSE OF DOCCURRED NOT WHILE AT WORK Ify that I took charge ted fram: Nature NAME INT.)	DEATH PLACE STREET, FAC of the remains de al causes	A. 1/19/ 15 OF INJURY (ATHOMITORY, FARM, ETC.) Accident ,	an Autop	CATION IPEL Dundal Dundal Dispection Homicide TITLE (SPECIFY) Dispection TITLE (SPECIFY)	k Ave. Undeterm	Dunda Dunda nquiry ined manner EXAMINER 11 Penn	and in my a	1/20	



1		em 1 g555 5, FOR STATE REGISTRAR	/28/81 gj		ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH		8 REG. N		0 4	42
m -£		OR PRINT)	FIRST	MIDDLE		AST			MONTH DAY	YEAR	2b. HOUR
poge 3 er deoth			thleene	Rose		TMAN		anuary			8:35pm _M
hours ofter	3. SE		4. RACE		5. DATE C			(IN YEARS LAST BIR	THDAY) IF U	NDER I YEAR	HOURS MIN
Ors o		emale	Whit			ary 31, 198			YRS.		1 05
M	1	RTHPLACE (STATE OR FOR COUNTRY) Maryland	U.S		WIDOWE		Ba	_	County OF	DEATH	MD.
51	_	Ito Count	(IF NOT IN	SUCH FACILITY, GIVE		or other institution ital	120. USI	VAL OCCUPATI WORK FOR MOST O None	ON DE WORKING LIFE)	INDUSTRY_	one
must be	130.	AL RESIDENCE ("MOE) STATE aryland		ION, GIVE RESIDENCE	BEFORE ADMISSION)	13d INSIDE CITY LIMIT	13e. STR	eet address 01 Old	North P	oint	Road.TR
Spiner	14. F.	ATHER'S NAME	WIDDLE	LAS	ST	15. MOTHER'S MAIDER		WIDDLE		LAS	ī
030	1	Richard	Joseph		rtman	Elizal	beth	Ann			dds
medicol	(WAS DECEASED EVER IN YES, NO OR UNKNOWN) NO	U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE:		SECURITY NO.	Father-3	701 Old	ADDRE North		d. Th	1to.2122 1. 42
ws ony injury, or other troumotic	CERTIFICATION		diote the lost. CANT CONDITION:	O, OR AS A CONS	SEOUENCE OF	NOT RELATED TO THE	20a /	AUTOPSY?	20b. IF YES, W	ERE FINDING CAUSES	NGS USED OF DEATH?
Item 18 shows	CERT	210 ACCIDENT WAS UNDER		E OF INJURY A.M. MONTH	H DAY YEAR	21c. HOW INJURY OC	CCURRED (ENT		RY IN ITEM 18, PART	ud .	NO 🗌
morked or Hem	MEDICAL	OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL 21d. INJURY OCCURRET WHILE AT WORK AT WORK	EXAMINER) 21e. PLA	P.M. CE OF INJURY E. STREET, FACTORY, C	19	211 LOCATION STREET		CITY OR TO)WN	COUNTY	STATE
Item 21 is mo		22a. certify that (I) (t) sow the deceased above, (I) (w) (did 22b. SIGNATURE	Sospitol) ottended olive on Janua (diXXt) view the b	ary 31 ody ofter death.		iry 31 19 19 19 19 19 19 19 19 19 19 19 19 19	81 , to_ pinion death occ	January		81 of from the	
T: If		9.	yout a	Mul	Rigar	ATTENDIN PHYSICIA	NG MEDIC	CAL STAI	FF IAN X	1/31	/81
with the State		Margaret	A. Mulliga	ın, M.D.		9000 Frank			., Balt	o., M	d 21237
> 5	23 a.	BURIAL, CREMATION, RE	MOVAL 23b. DATE		23c. NAME OF C	EMETERY OR CREMATO	ORY 23d. I	OCATION CITY OR TOWN	c	YINUC	STATE
2/80	24 F	UNERAL DIRECTOR	ranklin So	. Hospi	oress tal	250	FEB 6	BY REGISTRAR	25b. REGISTRAF	'S SIGNAT	ORE



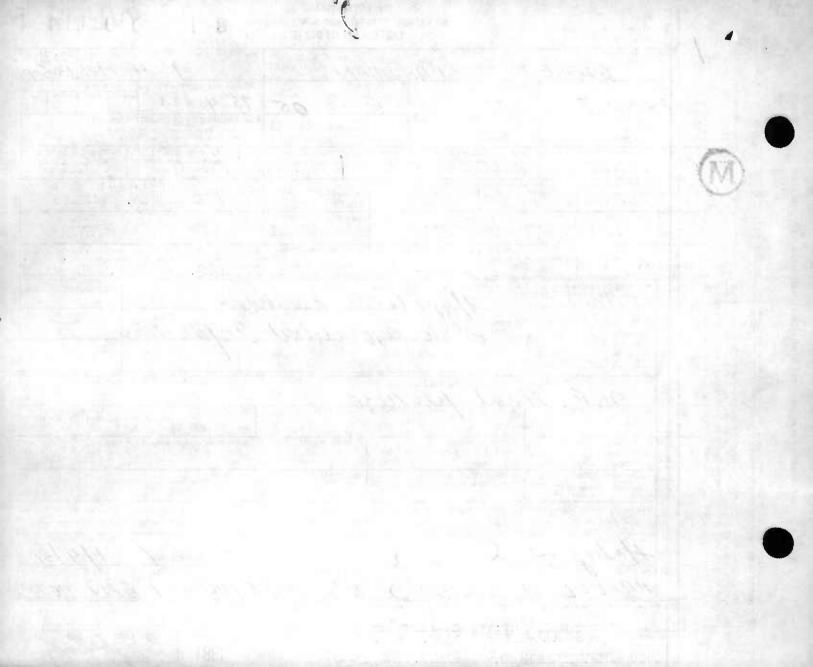
b	,3	1.	FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH CERTIFICATE		8 REG. NO.	0 0 4 4	3
	y be		OR PRINT)	CES MIPDLEL. HARTMAN	4DN - 20 0	ATE OF DEATH MONTH	04-87 6	MADO
	Page 4 may be director; page how; after deat	3. SE	* Female 4.R.	S. DATE OF BIRTH MONTH Feb. 1:	DAY YEAR	E (IN YEARS LAST BIRTHDAY) 57 Y	MONTHS DAYS HOUR	DER 24 HRS S MIN
	ter death. Par he funeral dir within 72 hou	1 9	Maryland	VZ. Z. ODA WIDOWED	DIVORCED	LTIMORE CITY OR COL	INTY OF DEATH	MD.
201	rs of	8 12	Hause	SOUTH SOUTH ACTORY GIVE SIZE I ADDRISH OF	(TYPE	USUAL OCCUPATION OF WORK FOR MOST OF WORK Typist	NG LIFE) 12b. KIND OF BUSI	NESS OR
BALTIMORE, MARYLAND 2120	in 24 hou y filled in should be	130.	AL RESIDENCE (IF NURSING HOME OR OTHE STATE 134 COUNTY Maryland -	Baltimore YEST	© NO □ 62	TREET ADDRESS 3 N. Clin	ton St.,21	205
, MARYI	omplete ond 2	0	ATHER'S NAME Adam —	Slawski	Agnes	MIDDLE	Lukows	
TIMORE	be execu	71 1	VAS DECEASED EVER IN U.S. ARMED YES, NO OR UNKNOWN) IIF YES, GIVE WAR CS WW I	OR DATES)	tanley Hart	address man,Sr.,h		
	g physicion on popers. removol.		18. CAUSE OF DEATH (Enter only on PART I. DEATH WAS CAUSED BY IMMEDIATE CA		failue	10	APPROXIMATE IN BETWEEN ONSET A	TERVAL ND DEATH
201 W. PRESTON ST.,	s that the death cered by the ottending lease remove corborial, cremation, or reconstruction or other troumatic expensives.		Conditions, if ony, which	DUE TO, OF AS A CONSEQUENCE OF	lon			
201 W. F			underlying couse lost.	DUE TO, OPAS A CONSEQUENCE OF	ELATED TO THE TEDANINAL I	NISEASE OR CONDUIN	C N/EAL INL DADT 3/-	
ORDS,	require	TION						22
AL REC	The low ration. The hos been sit permit. Agiene prior shows ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS	YE	S NO NO	FYES, WERE FINDINGS US ERTIFYING CAUSES OF DE YES NO	ATH?
1 OF VIT	HYSICIAN: The ading physicio pus certificate h buriol-tronsit p (Mentol Hygiel or Item 18 sho or Item 18 sho	7.1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19 21c. H	OW INJURY OCCURRED (E	NTER NATURE OF INJURY IN ITEA	A 18, PART) OR PART 2)	
DIVISION OF VITAL RECORDS,	DING PHYS or ottendir After this se os the bu colth and M marked or	MEDICAL	21d. INJURY OCCURRED WHILE ONT WHILE OF AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
	TTEN pitol TOR for us of He		obove, the (we) (bid did and vie	w the body ofter death.	in (ma) (our) opinion death o	occurred on the dote onc	, ., ., ., ., ., ., ., .,	r (we) lost
			226. SIGNATURE HILLIG	DEGREE	ATTENDING MET	DICAL STAFF ECTOR PHYSICIAN		981
	TO HOSPITAL retained by th TO FUNERAL should be deta with the State MPORTANT:		22d. PHYSICIAN'S NAME MIDE OR PRIN	ENA MAY PETON M	T. Joseph	s Honge	SON MD 212	04
261	BP	230. (BURIAL, CREMATION, REMOVAL 23 SPECIFY) Burial	DATE 1/8/81 Sacred Hea	art of Mary			Md.
	DHMH - 16 50M 1/76 (VR A 15 (4))		Chimuhek Funer		Laire IAME	D. BY REGISTRAR 25b. RE	STRAR'S SIGNATURE	Ž,
			lome, Inc.	Palto Md 21	212 1011110	1001		7"

BALTO. MD

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(VRA 15, 4) 1/79

6010 REISTERSTOWN RD



page 3 er deoth

-	1 -	FOR STATE			DEPAR	TMENT OF F	E OF MARYLAND HEALTH AND MENTAL HYG	IENE -8	0	0 %	45
		REGISTRAR		YOUR			FICATE OF DEATH	REG. N			
		CEASED NAME	IAR IE	^	E.		TZELL	20. DATE OF DEATH	1 28	181	11:40PM
	3. SE		4. R	ACE	Sealer -	5. DATE (& AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
		FEMALE		WH IT	ΓE		ch 18, 1908	72	YRS.	NOTHING BATS	MIN.
7	7a. BI	RTHPLACE (STATE OR FO	REIGN 76 C		WHAT COUNTRY	? 8 MARRIE WIDOW!	D NEVER MARRIED D	BALT IMORE			MD.
56		TOWSON		NAME OF H	OSPITAL, NURS	ING HOME O	ARLES ST.	12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST OF Homemak	F WORKING LIFE	E) INDUSTRY	of Business or
35		AL RESIDENCE (IF NURSE) STATE Maryland	O COLINTY	TUTION,	130. CITY OR TO Bal	WN .	134. INSIDE CITY LIMITS?	13e. STREET ADDRESS 823 Eve	sham	Aveni	ue
3	14. F.A	THER'S NAME FIRST	MIDD	LE	LAST		15. MOTHER'S MAIDEN NA	ME	3.7.1	LAS	ST.
JU		Edward	Antho		Hunhold		Alice	E.	E. 10	Bull	
2		VAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARMED		213 30	7916	Mrs. Benja	min West		o Mo	4
		18 CAUSE OF DEATH PART I. DEATH WA THE Conditions, if any,	S CAUSED BY MMEDIATE CA	AUSE (0)	CARDIC	RESP	IRAKORY ARRE	The second		BETWEEN	RS .
	NO	gove rise to imme cause (a), stating underlying cause PART 2. OTHER SIGNI	the last	(c)	AS A CONSEQ		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	EN IN PART 16	01
2	CERTIFICATION	19a. DATE OF OPERATION	NC	196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	20€ AUTOPSY? YES □ NO 🔀		, WERE FINDING YING CAUSES	
9	CAL	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOT IFY MEDICA 21d INJURY OCCURRE	USE OF DEATH	21b. TIME OF HOUR A.A P.A 21e. PLACE O	м. МОПТН I м.	DAY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJUI	EV IN ITEM 18 PA	ART I OR PART 2)	
	MEDI	WHILE NOT WHILE		(AT HOME, STRI	EET, FACTORY, OFFICE		STREET	CITY OR TO	WN	COUNTY	STATE
		220.1 certify that (I) (t saw the deceased above (I) (we) (die				81	.4 , 19 8 and that in (my) (aur) opinion	to			that (1) (we) last couses stated
		Metro	of B	. 8	Siero	MI	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F IAN 🗴	1-2	8-81
		MICHAEL			,M.D.		GBMC -6701				
		SURIAL, CREMATION, RI	EMOVAL 23	b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR JOWN	Count	COUNTY	A ASTATE

DHMH-16 30M 2/80 (VRA 15, 4)

Parkwood Cemetery

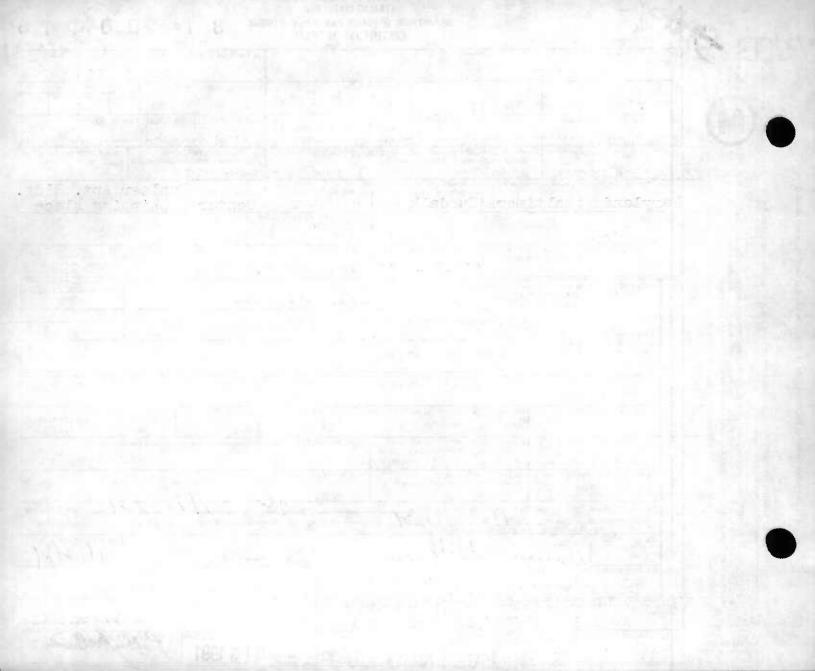
Burial 1/31/81 P 24 FUNERAL DIRECTOR Henry W. Jenkins & 4905 York Road Balto., Md. Sons Co. 21212

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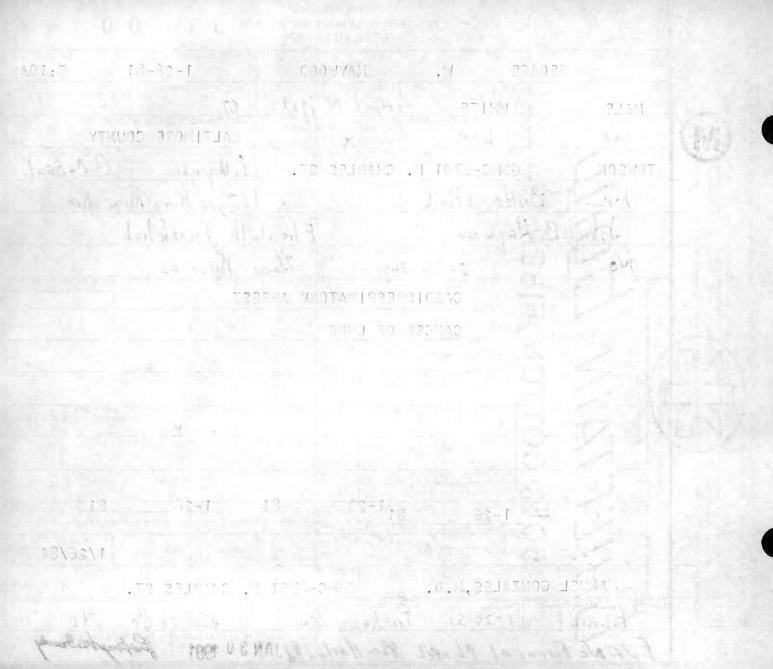
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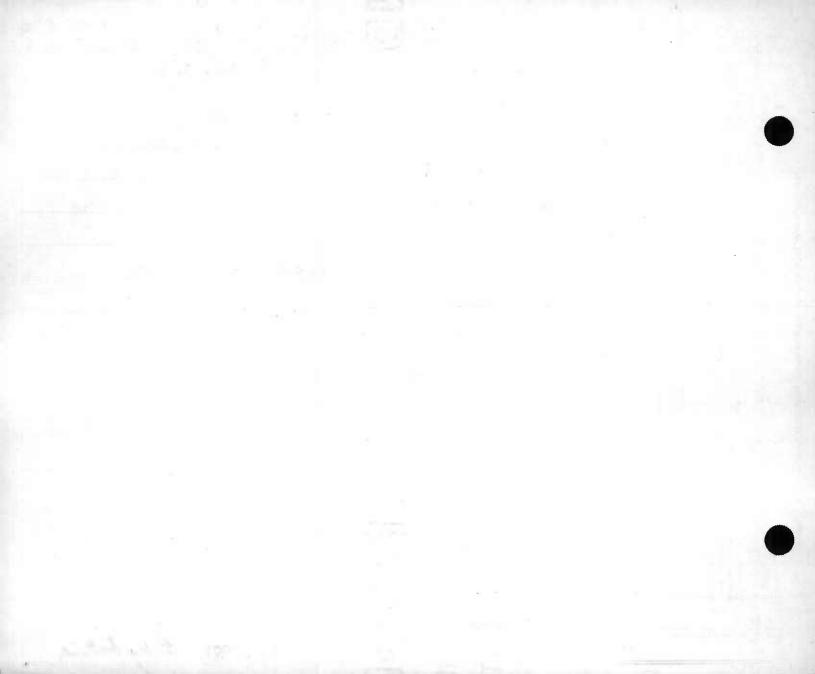


8	1	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	0 4 4 7			
decah decah		CEASED NAME FIRST GEOF	RGE W.	HAYWOOD	1 - 26 - 81	DAY YEAR 25 HOUR 5:10A			
Tropie to	3. SE	× MALE	4. RACE WHITE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
) (M)		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	/? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY	OF DEATH UNTY			
the first	7	OWSON	11. NAME OF HOSPITAL, NURS	TIPE OF WORK FOR MOST OF WORKING LIF	LIFE) 126 CIND OF BUSINESS OR				
filled in hould be must be	13a. S	AL RESIDENCE (IF NURSING HOMES STATE 13b. COL	PROTHER INSTITUTION, GIVE BESIDENCE BEFORM TO PARKY I	PRE ADMISSION) 13d INSIDE CITY LIMITS? YES \(\text{NO} \) NO \(\text{NS} \)	130 STREET ADDRESS RINGS	USE RO			
completely 1 and 2 s		John B	HAY WOOD LAST	15. MOTHER'S MAIDEN NA	ith FROAKlish	LAST			
exec ond ond edic		VAS DECEASED EVER IN U.S. A YES, NAGRUNKNOWN) (IF YES, G	RMED FORCES? 16b. SOCIAL SEC IVE WAR OR DATES) 215-61-	2479 TO INFORMANT HOSE	a Rizcolaps				
certificate by physicia bonpopers removal.		PART I. DEATH WAS CAUS	inly ane cause per line far (a), (b), c ED BY: CARDIC ATE CAUSE (o)	DRESPIRATORY ARR	EST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
e deoth e cottendinove cor notion, or troumati		Canditians, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSED						
res that the ned by the n please rei vurial, crem y, ar ather		underlying couse last.	(c)CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	VINAL DISEASE OR CONDITION GIV	EN IN PART Ital			
ion requires ion hos been signec it permit. Then plus iene prior to burillows any injury, a	CERTIFICATION	190 DATE OF OPERATION		H OPERATION WAS PERFORMED	20a. AUTOPSY? 20b. IF YES IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?			
ATTENDING PHYSICIAN: The low sospital or attending physicion. ECTOR: After this certificate has be defor use as the burial-transit permit, of Health and Mental Hygiene primare and the sold is marked or Item 18 shows an		2) a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	YES NO X YES	S NO ART 1 OR PART 2)			
or attending After this ce as the bur morked or the	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	. FARM, ETC.) 23f. LOCATION STREET	CITY OR TOWN	COUNTY STATE			
ATTENDIN spital ar CTOR: Al I for use of Healt			pital) arended the deceased from 19 01) view the bady after death.	81 , and that in (my) (aur) apinion	, ta	19_81_, that (1) (we) last and fram the causes stated			
AL OR the here to DIRE to Depter the Depter D		22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN							
TO HOSPITAL retained by the TO FUNERAL should be det with the State IMPORTANT:			NZALES, M.D.		N. CHARLES ST.				
BP		SPECIFY DURIN	1 - 28 - 81 23c	ANKWOUD LAM	23d. LOCATION CITY STOWN LO LO	COUNTY STATE			
DHMH-16 30M 2/80 (VRA 15, 4)	24 FI	EVANS Fur	EVAL ChAPEL	8800 HAVFURD RIJAI	E REC'D. BY REGISTRAR 256, REO TH	RAR'S SIQNATIVE			

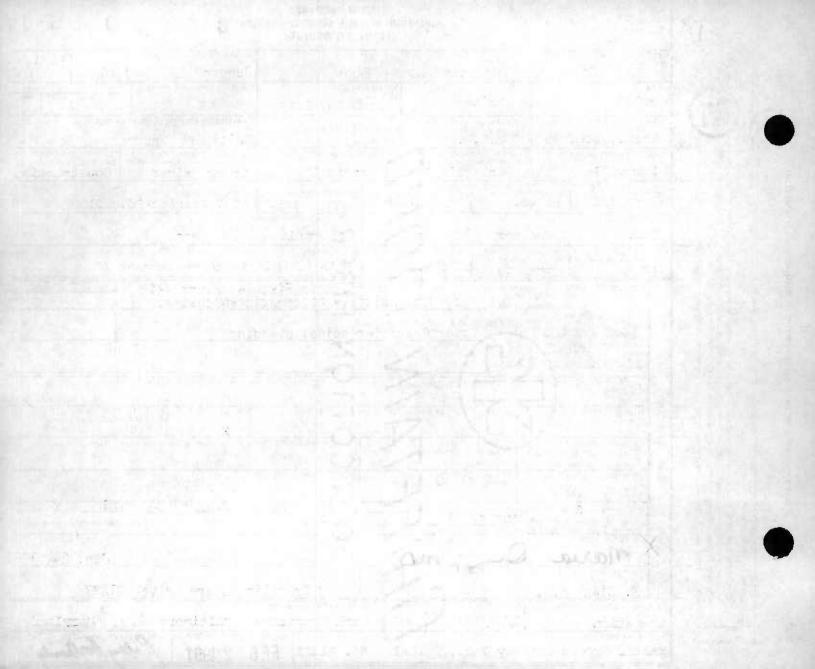
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

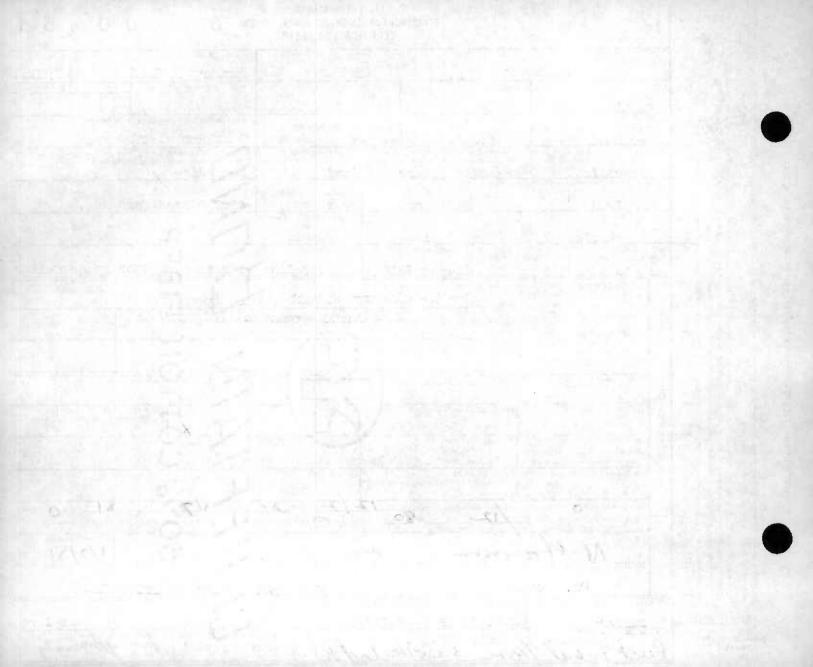


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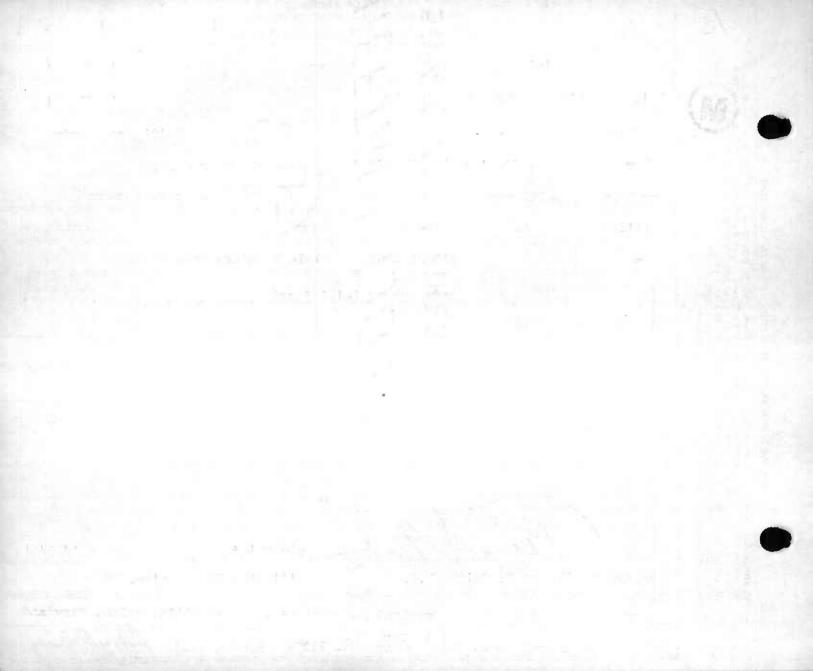


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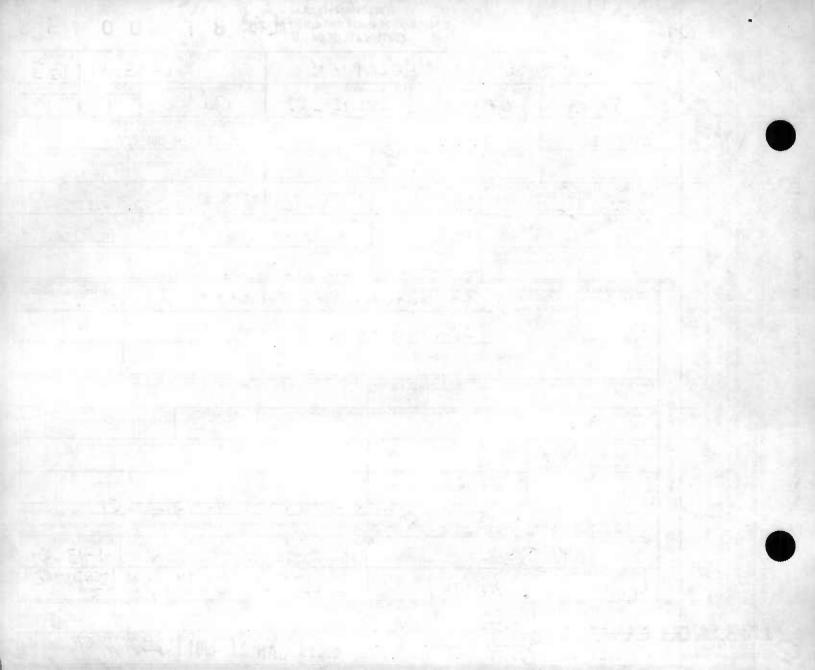




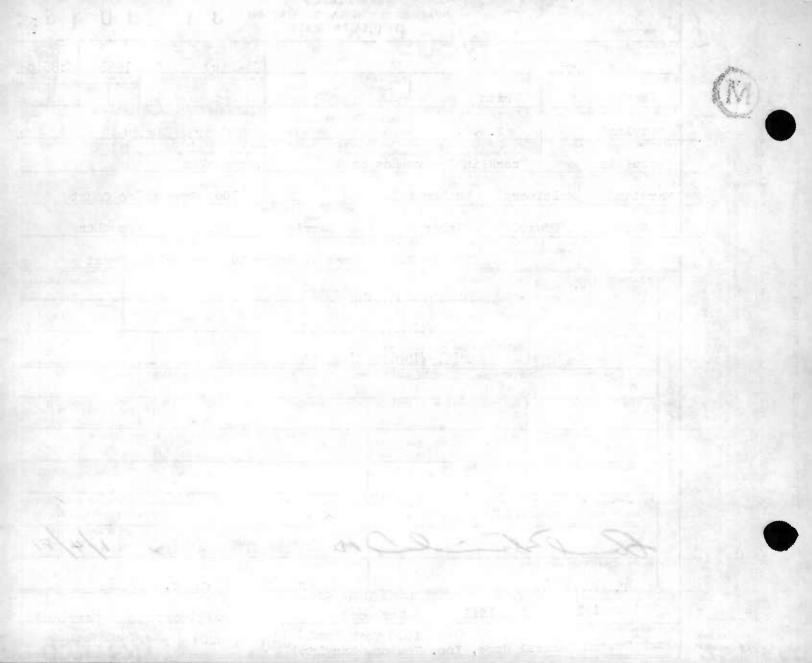
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Y	1	FOR STATE REGISTRAR				EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 REG. N	0	0	1 5 3
page 3 death		CEASED NAME FIRST E OR PRINT) GERTE		WIDDLE	HEL	LMAN	20. DATE OF DEATH		3-81	12.PM
director, pa	# Sec	EMALE		tu CASIA	S DATE O	FBIRTH -15-86	6. AGE IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
ne John 72 november of the Police of the Pol	(IRTHPLACE (STATE OR FOREIGN COUNTRY) LITHUANIA	1	WHAT COUNTRY?	WIDOWE		BALTIMORE CITY O			MD.
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filled in suld be fi	130		NOTHER INSTITUTION	BALTIMOR	N	YES NO 🛣 X	130. STREET ADDRESS 2429 SYLV.	ALE RD	#212	209
Completely 1 and 2 sho medical exa		ATHER'S NAME FIRST DAVID	MIDDLE	FINESI:		15. MOTHER'S MAIDEN NAM FIRST ROSE	MIDOLE		YESËÎ	LOLOVEVIT
ysician and copers. Pages 1 aval.	160	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) I IF YES, GI	RMED FORCES? /E WAR OR OATES)	219-32-0		MRS. 2429 SYLVAI	EVA BERKOW LE RD. #21	209		MATE INTERVAL
n signed by the attendi hen please remove carb to burial, cremation, o iy injury, or other traun	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	(b)	PR AS A CONSEQUE	NCE OF	ROSIS	INAL DISEASE OR CON	DITION GIVER	N IN PART 110	31
ficate has bee nsit permit. T Hygiene prior n 18 shows ar	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO		WERE FINDIN NG CAUSES	
is certificat rial-transit p fental Hygin or Item 18		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DELINE THE STREET OF THE STREET			YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	T 1 OR PART 2)	
After the s the burn the and N marked	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.}	211 LOCATION STREET	CITY OR TO	vn	COUNTY	STATE
RECTOR: for use a t, of Heal		22a.l certify that (1) (this hasp sow the deceased alive a above, (1) (we) (idid) (did) in			21.01	nd that in (my) (our) opinion a	eath occurred on the d	ote and hour	and from the	
ERAL DIREC e detached for State Dept. o 'ANT: If Item		226. SIGNATURE	1K162			ATTENDING PHYSICIAN		FF N	22c. DATE	3-81
TO FUNERAL should be detaction with the State IMPDRTANT:		22d PHYSICIAN'S NAME TO PE	1.7	EDDY		PANDALLS +	, cours V	10, 21	133	NTOZ_
P		BURIAL, CREMATION, REMOVA SPECIFY) BURIAL	1-14	-81 PO		EMETERY OR CREMATORY ER FRIENDLY SO		MORE	OUNTY	STATE MD
OHMH-16 25M PRA 15, 4) 1/79	24 F	UNERAL DIRECTOR SOL I	EVINSON ERSTOWN	& BROS., RD., BAL	INC.	1.0	N 21 1981	The RECORDS	SIGNAT	Cready



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5	1 -	FOR STATE REGISTRAR					EALTH AND MENTAL H	YGIENE 8	NO.	0 0	4 5	£	
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			rie	<u></u>		ILWIG		January	4	1981	8:05 p) <i>N</i>	
3	SEX		4	RACE		5 DATE O		6. AGE (IN YEARS LAST B	RTHDAY	IF UNDER 1 YE.	AR IF UNDER 24 HR	-	
į į		Female		White	9	Mav	28. 1892	88	YRS.	MONTHS DAY	YS HOURS MIN	,	
ED 17	a BIF	THPLACE (STATE OR FOI	REIGN 71	CITIZEN OF	WHAT COUNT	RY?	D NEVER MARRIED	RAITIMORE CITY		TY OF DEATH			
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ag I	0 CI	Y OR TOWN OF DEAT	TH 1	I. NAME OF	HOSPITAL, NU	RSING HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPA	TION	12b KIND	D OF BUSINESS C	_	
ag /	Ro	ssville			HEACHITY, GIVES	are Hos	oital	Homemaker		LIFE) INDUSTI	RY		
E	JSUA 13a S	L RESIDENCE (IF NURSI	NG HOME OR O	THER INSTITUTION		SEFORE ADMISSION)		13. STREET ADDRESS				_	
0.6			Balti		211	rville	134. INSIDE CITY LIMITS?			dge Co	urt		
		THER'S NAME					15. MOTHER'S MAIDEN	VAME				_	
021		Joseph	Edw	ard	Baue	r	Carrie	W.		Reuth	LAST Pr		
ned 1	60 W	AS DECEASED EVER I				SECURITY NO.	17 INFORMANT	ADD	RESS	100011	<u></u>	_	
the	{Y	S, NO OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES)	213-05	-6399	Emma W. Ba	ker 106 Gree	nrida	e Cour	+		
ent,		18 CAUSE OF DEATH	l · E = 4 = - = - l ·				Litterior WV 150	100 0200	niiiag		POXIMATE INTERVAL	_	
, or other traumatic		Conditions, if any, gave rise to imm cause (a), stating underlying cause	which ediote	DUE TO, O	r as a consi Dehydra r as a consi	tion,	r Disease Pneumonia ation						
18 shows any injury,	CERTIFICATION	198 DATE OF OPERATI	ION	196 COND	NDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER				200 AUTOPSY? 200 IF YES, WERE FINDS IN CERTIFYING CAUSES YES YES				
6		218. ACCIDENT WAS UNDE		HOUR A.	M. MONTH	DAY YEAR	ZIE HOW INJURY OCC	URRED (ENTER NATURE OF IN	URY IN ITEM 18	, PART 1 OR PART 2	2)		
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	MED	214 INJURY OCCURRE	LE 🗆	21e PLACE JAT HOME, STI	OF INJURY REET, FACTORY, OF	FICE, FARM, ETC.]	211 LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE		
em 21 is		22a I certify that X(saw the decease obove, (I) (we) (di	d alive an	anuary	4			n death occurred an the		our and from t	, that (we) lot the couses stated	OS.	
MPORTANT: If Item		22b. SIGNATORE	P	2/-		2/	PHYSICIAN		AFF ICIAN 🔀	77t. DA	4/8/		
IMPORTA	Ä	Dr. Mass		PRINT]			9000 Frank	din Square	Dr 1	21237			
≥ 7	3a B	URIAL, CREMATION, R	EMOVAL	23b. DATE		23c NAME OF C	EMETERY OR CREMATOR			COUNTY	STATE		
534	(5	Burial		1-8-19	981	Park	boow	Baltir	nore		larvland		
25M) 1/79		NERAL DIRECTOR NAME CK TOWSON	Funer	al Home	ADDRES	s 1050 V	25e. D	AN 7 1981					



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ag.	hour see.	1		RTHPLACE (STATE OR I	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9 BALTIN	ORE CITY OR	COUNTYO	FDEATH	A COLOR
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ter d	with with	À	10. CI	TY, OR TOWN OF DEA	ATH	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)	R OTHER INSTITUTION	12a. USUA	L OCCUPATIO	N		F BUSINESS OR
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redu	en si		CERTIFICATION					01 10						
30	os beermit. ne prior	3	CA	19a. DATE OF OPERA	TION	19b CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AU	TOPSY?	20b. IF YES, V IN CERTIFYII	VERE FINDIN NG CAUSES	OF DEATH?
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PHY	this se bu		MEDICAL	21d. INJURY OCCUR		21e. PLACE	OF INJURY TREET, FACTORY, OFFICE	FARM, ETC }	21f. LOCATION STREET		CITY OR TOW	N	COUNTY	STATE
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

(VRA 15 (4))

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6	1	FOR STATE REGISTRAR		DEPARTA	CERTIFICATE OF DEATH REG, NO.					
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o de de	10.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
n 722 k		Maryland	USA		WIDOWED		Baltimore	County		M
with with		CITY OR TOWN OF DEATH	11. NAME OF		G HOME OR C	THER INSTITUTION	12a USUAL OCCUPATION	ON 12		BUSINESS OF
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ene prior	CERTIFICATION	190. DATE OF OPERATION	Vian	DITION FOR WHICH	OPERATION W	AS PERFORMED	200 AUTOPSY?	206. IF YES, WE IN CERTIFYING YES		
Mentol-tronsit Mentol Hygie or teem 18 sho	1	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI			Y YEAR	E HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 C	OR PART 2)	
os the but th and M orked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC.)	f. LOCATION STREET	CITY OR TOW	'N C	OUNTY	STATE
of Healt		22a. I certify that (A) (this has sow the deceased alive o	n1/	198	11/2 1, and the	28 , 19 80 hot in (my) (our) opinion	, to1/31 death occurred on the do	te and hour and		not (* (we) lo: ouses stoted
detoched ote Dept. IT. If Hem		obove, (* (we) (did) (did) (,	Arriva		ATTENDING PHYSICIAN	MEDICAL STAF	F _/	22c. DATE S	
TANT	1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22	e ADDRESS SALM	it JOSER	h Hog	- MYE	4 itv

Sorigno, M.D.

23c. NAME OF CEMETERY OR CREMATORY

Dulaney Valley

23b. DATE

2/3/81

tow you maryland 21204

250. DATE REC'D. BY REGISTRAR 25h. REGISTRAR'S SKINATURE

County, Md.

MATORY 23d LOCATION CITY OF TOWN

Memorial Balto.

STATE OF MARYLAND

BP_____ DHMH - 16 50M 7/77 (VR A 15 (4)) 230. BURIAL, CREMATION, REMOVAL burial 2

24 FUNERAL DIRECTOR

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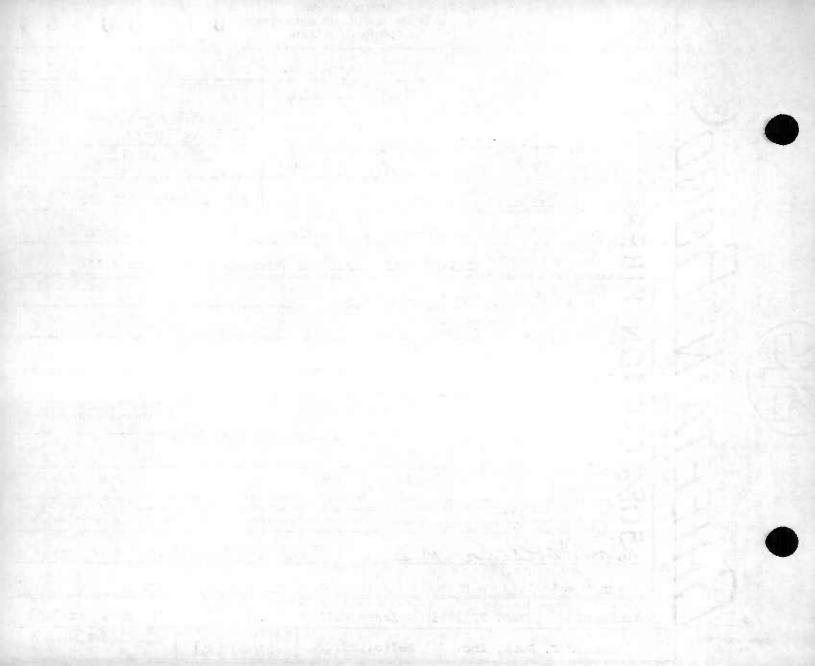
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DHMH-16 30M 2/80

(VRA 15, 4)

NAME Leonard J. Ruck, Inc.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



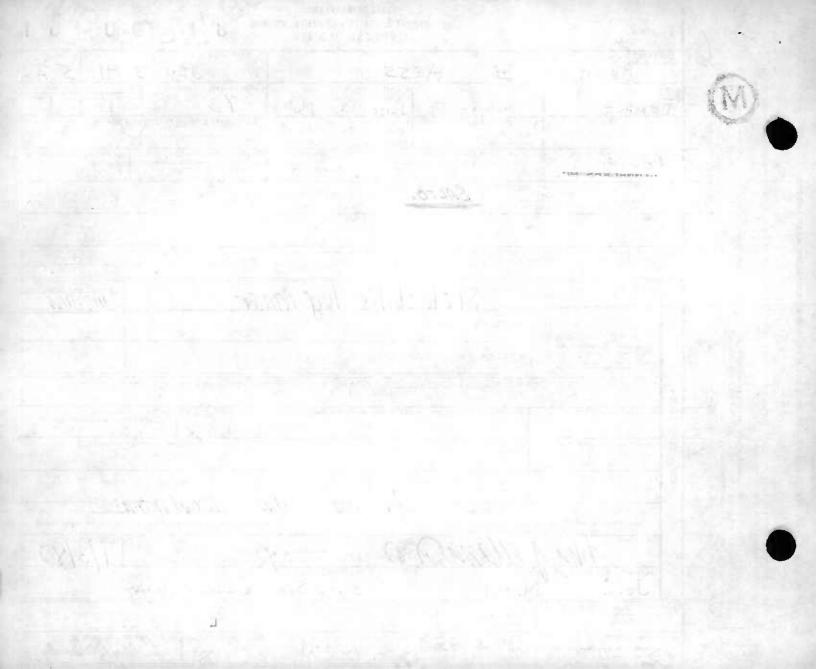
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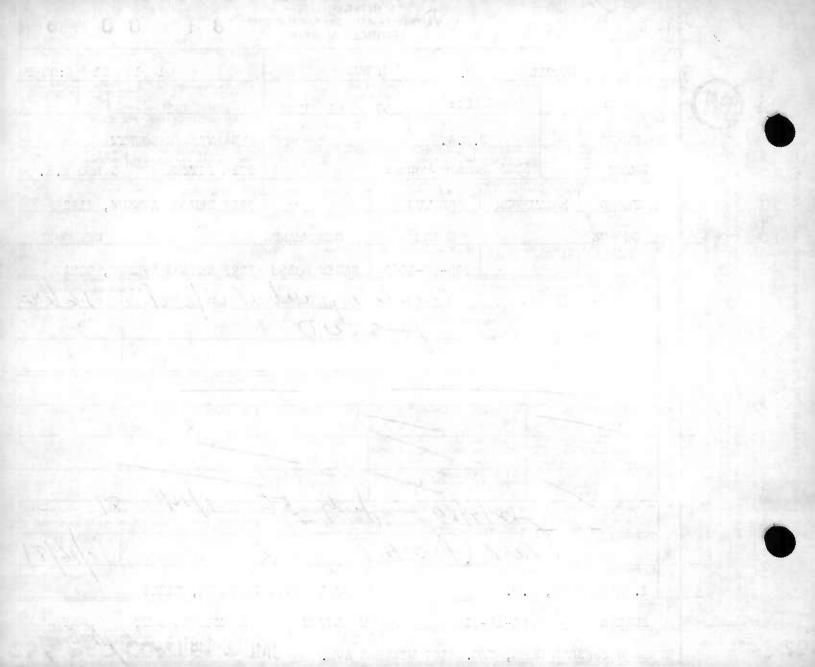
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1 30 Source	16e. V	S, NO, OR UNKNO	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOCIAL SECUR		17. INFORM	MANT		ADDR	RESS		MI	D.
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AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIOR, TO BURIAL, CREMATION, OR REMOVAL.	>	Canditio gave ri cause (a lying car	ins, if any, which ise to immediate) stating the <u>underuse last.</u>	TE CAUSE (o) CITE DUE TO, OR A (b) DUE TO, OR A								BLIWEIN	ONSET A	NO DEATH
CREW	TION		OPERATION						(0).					
SIAL,	FICA	190 DATE OF	OPERATION	196. CONDITI	ON FOR WHICH OP	ERATION	WAS PERFORM	MED?				20 AUTO		
5	ERTI	21o. EXTERN.	AL CAUSE WAS	21b. TIME OF I	INJURY	121c. h	OW INJURY	OCCURRED	ENTER NATURE	E OF INJURY IN ITEA	M 18 PART 1 OR	YES PART 2)	UXI	но 🗌
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10	MED	21d. INJURY (WHILE AT WORK	OCCURRED NOT WHILE S AT WORK	21e PLACE OF INTERS	section of		STREET MI	Ll&Ble	enheim"	Ras. B	altima	ore Co.	,Md	STATE
3		220. I cert death result ACTUAL SIGNATURE		ge of the remains descr ral causes \(\begin{array}{c} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	5 Febr	Auto Suicide	psy XX, Homici TITLE (SP	PECIFY)	Undetermin		and in my	E 7	-29-	81.
TIMOR	-	EXAMINER'S (TYPE OR PRI	NAME NT)	Marg a rita	A. Korel	M.D.	ADDRESS_							
	15	JRIAL, CREMA	TION, REMOVAL	23b. DATE	23c. NAME OF C				23d. LOCAT		cc	OUNTY	ST-ATE	
		CREMATI		1/30/1981	GREEN M	OUNT	CREMAT	ORY	BALTI	MORE	A	M	_	
	-	NERAL DIRECT TO LICE TO THE		T.D HOME 65	OO VODE T	D 2	1212	FEB	4 BY REG	STRAR 256.	intray	MUDU	dy	
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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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PRUTE CHECIPIE PROPERTY



The	1 - STATE REGISTRAR		TE OF DEATH	B REG. NO	0 4 6	8
E 4	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE LAST	2a DAT	E OF DEATH MONTH	DAY YEAR 26 H	OUR
poge er deot	3. SEX Alice	G HOWARD 4 RACE S DATE OF BIR	In Jan	IN YEARS LAST BIRTHDAY)	1087 J.	DER 24 HAS
11	Female	White July	11 1908 73	7.2 YRS.	MONTHS DAYS HOUR	RS MIN
(到智力)	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	ITA CITIZEN OF WHAT COUNTRY? 8	NEVER MARRIED 9 BALT	IMORE CITY OR COUNTY	Y OF DEATH	
100	Maryland IN CITY OR TOWN OF DEATH	U.S.A. WIDOWED X		Itimore Cou		M
150		THE NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	(TYPE OF	WORK FOR MOST OF WORKING LI		
2-1	Rossville	Franklin Square Hospi OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)		erical	U.S. Go	ovt.
35	Maryland -			EET ADDRESS 808 Sheldon A	Avenue	
3500	John L. Con	MIDDLE LAST	MOTHER'S MAIDEN NAME FIRST Stella C.	Buckingham	LAST	
- C C	60. WAS DECEASED EVER IN U.S.		NFORMANT		timore, Md	
Do 1	No	213-10-5927 L	illian N. Baldw	rin 5134 Bela	air Road	21206
buriol, cremo		DUE TO, OR AS A CONSEQUENCE OF (c) Multible abscess IT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DIS	EASE OR CONDITION GIV	VEN IN PART 1(0	
ws any inju	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 200 A	IN CERTI	S, WERE FINDINGS U FYING CAUSES OF DI ES NO	ISED EATH?
		DEATH HOUR A.M. MONTH DAY YEAR	. HOW INJURY OCCURRED (ENT			
rked or II	OK CONTRIBUTING CAUSE OF IF EITHER, NOTIFY MEDICAL EXAMIN 21d IN JURY OCCURRED WHILE AT WORK AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	LOCATION STREET	CITY OR TOWN	COUNTY	STATE
of Health	220.1 certify that (this has saw the deceased of above. Nowe and	on January /24 1901 ond the	2 , 19 <u>81</u> , to a	0		(we) las s stoted
rate Dept.	275 SIGNALISM	DEGR.	ATTENDING MEDIC	CAL STAFF TOR PHYSICIAN 🛣	1/24/81	
A Ste	274 PHYSICIANS NAME ITH	Stermine) 22e	ADDRESS			
rith the	Dr. P/ Pina		9000 Franklin Sc	quare Dr., 2	1237	
with the State	23a BURIAL, CREMATION, REMOV	AL 23b. DATE 23c. NAME OF CEMEN	TERY OR CREMATORY 23d. L	quare Dr., 2 OCATION CITYORTOWN altimore, Ma	COUNTY	STATE

#5,6,FilmG552 2/19/81 kam

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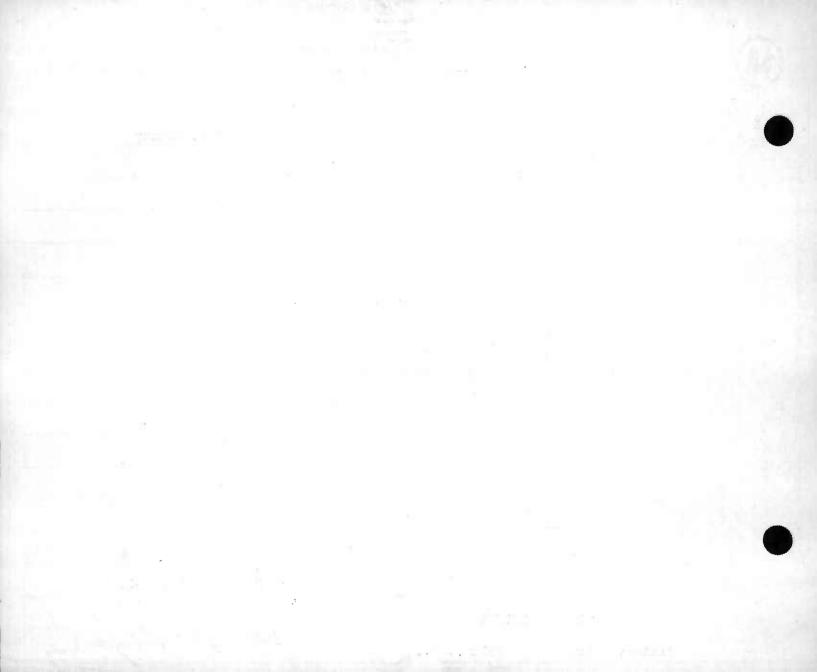
		1 -	STATE REGISTRAR	-	CERTIFI	CATE OF DEATH	REG. N	o.	0 4	0 ,
(M):			EASED NAME FIRST OR PRINT)	ille H.	1111	pard	20 DATE OF DEATH	n . 3 -	YEAR 26	9 BM
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ofter of the ta		B	of town of DEATH	1. NAME OF HOSPITAL, N		ROTHER INSTITUTION	12a. USUAL OCCUPATE (TYPE OF WORK FOR MOST O		LIND OF B	USINESS OR
our our			L RESIDENCE IF NURSING HOME OR C	OTHER INSTITUTION, GIVE RESIDENCE TY 13c. CITY OF	E BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS			
within within letely f		14 FA	THER'S NAME	, , ,		IS MOTHER'S MAIDEN NA		1.	1	
	60		NIG	IDDLE LA		Mrs Mina	Lee Hu	bhard.	LAST	
Poges			(AS DECEASED EVER IN U.S. ARM ES, NO OR UNKNOWN) (IF YES, GIVE V	WAR OR DATES)	54-3/6	Westman	ADDRE W	SS P		
W. PRESTON ST., or the death certific y the attending ph ss remove carbon p cremation, or remo			Conditions, if ony, which gove rise to immediate couse (a), stafing the underlying cause last.	BY:	SEQUENCE OF	no genis	c Ca	•	BETWEEN ONS	TE INTERVAL
requires the signed Then plear in ta burial prices.		NO	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TERA	AINAL DISEASE OR CON	DITION GIVEN IN	PART 1(a)	
AL RECOR		CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	706. IF YES, WEF IN CERTIFYING YES	CAUSES OF	
VII. TAN: Thysicale Francis		_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONT	H DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 O	R PART 2)	
DIVISION OF DING PHYSICIA or offending p After this certifold on the puriolist of the puriorist of the purio		MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	vN (0	OUNTY	STATE
			27a.1 certify that W (this haspite	ol) attended the deceased	from O	19	, to	19_	O, tho	it (I) (we) lost
The post of			saw the deceased alive on above, (1) (we) (did) (did not)	view the bady after death.	19, on	d that in (mg) (our) opinion	death occurred on the d	ate and hour and	from the cau	ises stated
he he he			226. SIGNATURE	vado 85	> }	ATTENDING PHYSICIAN [MEDICAL STA	FF	1 - 3	SNED SI
HOSPIT ined by old be	TO T		22d. PHYSICIAN'S NAME (TYPE OR	vados	5	120 ADDRESS 13B B	Idag. S	anc	9	
of of short	\$	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUN	TY	# STATE
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24. FUNERAL DIRECTOR Anatomy Board

DHMH-16 20M (VRA 15, 4) 7/7B

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

GIVEN IN PART 1(a) IF YES, WERE FINDINGS USED EATH? YES 🗍 NO 🗌 M 18, PART 1 OR PART 2) COUNTY STATE ., that (1) (we) last haur and from the causes stated 22c. DATE SIGNED T/ // QT Balto., Md.

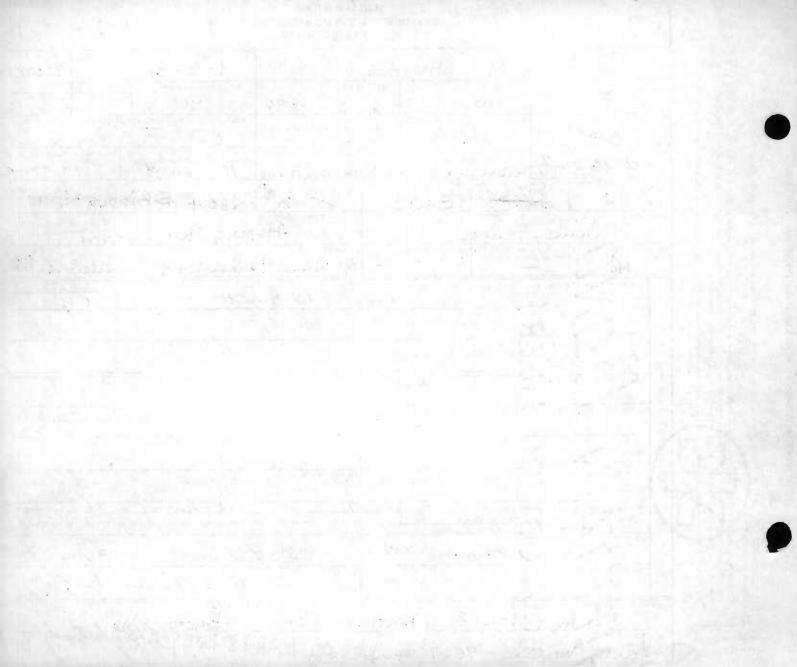


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		ale	whi		MONTH 8	24	YEAR 17	LAST BIRTH		HS DAYS	HOURS	R 24 HRS.	PRONOI DE	UNCED AD	1	2 2	198	31	2d H
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1		AS DECEASES, NO, OR UNKNO	OWN)	(IF YES, GIVE V	VAR OR DAT	ES)	214	-07-9	154		la Kr			Oak]				212	229
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373				ony, which	DI	JE TO, OR	AS A COI	NSEQUENC	E OF										
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1	MEDICAL CERTIFICATION	21a. EXTERN UNDERLYIN CONTRIBUT						1/1/2	AR		inge		NATURE OF	INJURY IN ITE	EM 18 PART	1 OR PART			
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			tify that	I took charg		emoins des	scribed ob		Autor Suicide		Inspect	ion .	Inqui	,	ond in	my opir	nion		
		ACTUAL SIGNATURE	<	14	le-	74	ai)	^	TITLE	(SPECIFY)					DATE SIGNED		1/3/	/ 8.
1	-	EXAMINER'S	NAMI	//	Hor	mez F		ard,M		_ADDRESS	111	PennS	tree	t,Bal			21201		
Î	23e, B	URIAL, CREMA	ation, Bur:		1/6	/81		NAME OF C				23d. L Cit Cr	OCATION Y OR TOWN len I	3 Burni	e	COUNT A.	Ä-Co.	STA M	id.
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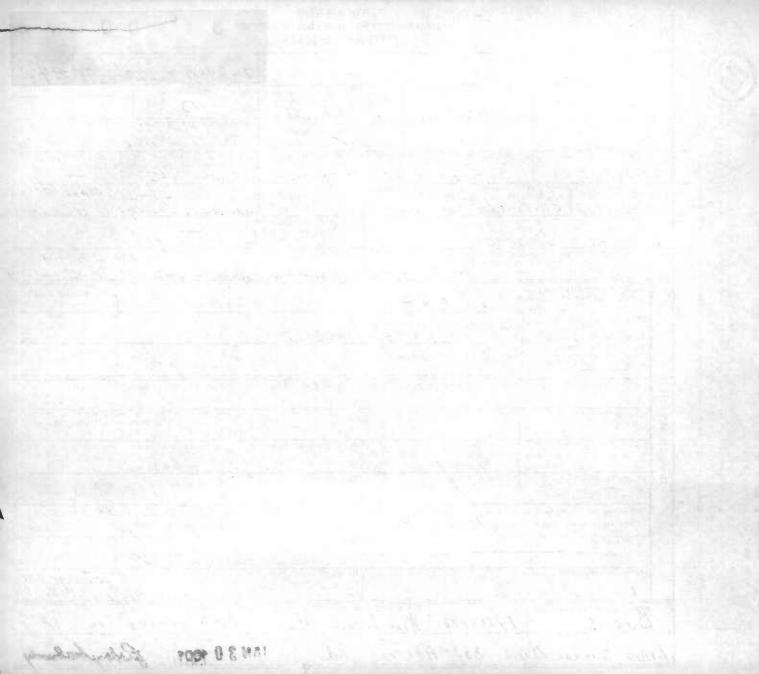
Harm Mr. ar Ten S. L. Co. L. C

	11	STATE OF MARYLAND	
3	1	FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	00471
m = 3		DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MON	18.11001
by be		ANNA M. HUGHES 1-9-8	3:30 Pm
rector purs offer	3. SE	F W MONTH 11 ON 18 90 90	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS OAYS HOURS MIN
death. Pe		BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR CO	OUNTY OF DEATH
offer officed		CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WO RIDGEWAY MANOR NURSING HOME 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO AND HOME 121. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO AND HOME 122. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO AND HOME 123. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO AND HOME 124. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO AND HOME 125. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO AND HOME 126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO AND HOME 126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO AND HOME 127. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO AND HOME 128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO AND HOME 128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO AND HOME 128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO AND HOME 128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO AND HOME 128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO AND HOME 128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO AND HOME 128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO AND HOME 128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO AND HOME 128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO AND HOME 128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO AND HOME 128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO AND HOME 128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO AND HOME 128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO AND HOME 128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO AND HOME 128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO AND HOME 128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO AND HOME (TYPE OF WORK FOR MOST OF WO AND HOME (TYPE OF WORK FOR MOST OF WO AND HOME (TYPE OF WORK FOR MOST OF WO AND HOME (TYPE OF WORK FOR MOST OF WO AND HOME (TYPE OF WORK FOR MOST OF WO AND HOME (TYPE OF WORK FOR MOST OF WO AND HOME (TYPE OF WORK FOR MOST OF WO (TYPE OF WORK FOR MOST OF WO (TYPE OF WORK FOR MOST OF WO (T	PRING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY
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MARY ond 2			VINKSKI
IMORE On and Poges medica		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-14-9987 W. W. Wilson Hugher-13419	Varretteville Pike
or W. PRESTON ST., BALT that the death certificate to by the attending physicia lease remove carbon papers ial, cremation, or removal. or other traumatic event, the		PART I. DEATH Enter only one cause per line for (a), (b), and ic. PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SY
w requires been signed mit. Then ple prior to burit,	CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IN	DN GIVEN IN PART 1(0) IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
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TTEN Portos for us of He	1	220.1 certify that (1) (this hospital) attended the deceased from 7, 19, 10 saw the deceased alive on 9, 19, ond that in (my) (ever) opinion death occurred on the date of above, (1) (ever) (clud (did not) view the body after death.	nd hour and from the causes stoted
OR Dep		226. SIGNATURE Whispardman DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	224 DAJESIGNED 31
TO HOSPITAL TO FUNERAL should be dete with the Store		WILLIAM GOOD MAN, M) 2102 North clyp?	un-Best me
0804BP		BURIAL CREMATION, REMOVAL 236. DATE 1236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OR TOWN BALTO.	COUNTY STATE
DHMH - 16 60M 7/73 (VR A 15 (4))	246	FUNERAL DIRECTOR WALLES TO STREET TO BY GER RAR 251) ADDRESS THE LOS OF THE PROPERTY OF THE	E popular prostration of



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN DECEASED NAME MONTH DAY 26. HOUR (TYPE OR PRINT) ESTI-6 AM 8 Hunt, Jr. DEATH MATED George 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DAY 2d HOUR DATE PRONOUNCED 1915 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED MARRIED WIDOWED DIVORCED OR INDUSTRY 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Carney 9933 Hillton Road OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Carney Carney 13d. INSIDE CITY LIMITS? YES [14. FATHERIS NAME 15. MOTHER 160. WAS DECEASED WER IN U 17. INFORMANT ADDRESS Mrs Eleanora C Hunt Same MOS 3-10-4586 18. CAUSE OF DEATH (Enter only one cause per l CAL EXAMINER ALONG W.
BURIAL-TRANSIT PERMIT. F
AND MENTAL HYGIENE, DI
ON, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DIVISION OF VITAL RECORDS, 301 W. PRESTON DUE TO, OR AS A COMSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION, O PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEASIFIED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 4 190. DATE OF OPERATION 9b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF VARDED TO THE CHAGE 3 SHOULD BE UATE DEPARTMENT OF 201 PRIOR TO BURIAL, TO BURIAL YES __ 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 19 21e. PLACE OF INJURY 211, LOCATION STREET CITY OR TOWN COUNTY STATE WHILE AT WORK NOT W AT-WORK 220. I certify that I taak charge of the remains described above, held an Autapsy and in my apinian PAGE 4 SHOULD BE TO FUNERAL DIRECTO AFTER DEATH, WITH TI BALTMORE, MARYLAN death resulted fram: Suicide Hamicide Undetermined manner SIGNATURE EXAMINER'S NAME Balto. MD Frank T. Kasik, 9005 Harford Road (TYPE OR PRINT) ADDRESS. 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Maryland STATE Finksburg, Evergreen Memorial 1/12/81 Burial 24. FUNERAL DIRECTOR DHMH-17 20M 1/73 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE (VR A15 ME (5)) Mabreody Leonard J Ruck Inc. Baltimore, Maryland

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MARYLAND 21201

BALTIMORE.

W. PRESTON ST.,

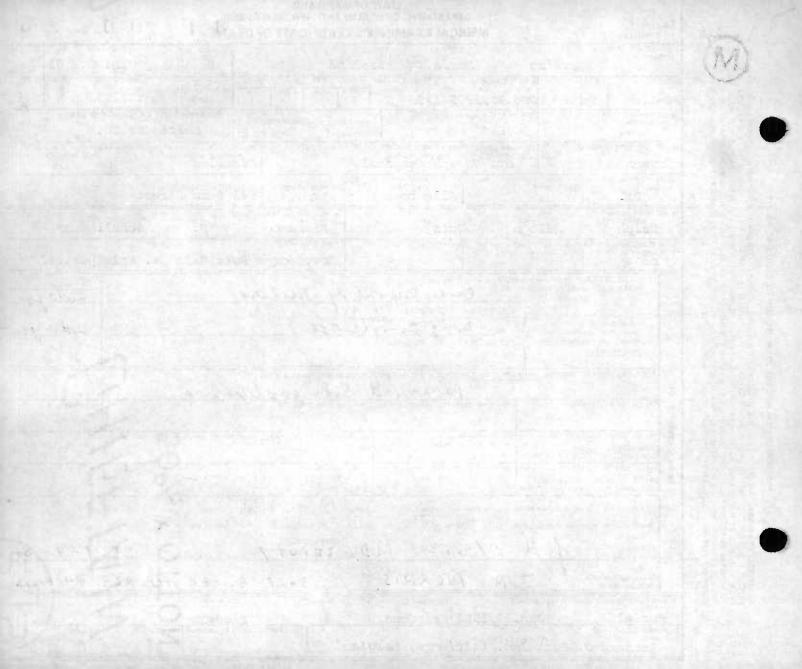
DIVISION OF VITAL RECORDS, 201

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RYLA orthin	2 sh	3, 101	14. FA	THER'S NAME		MIDDLE	LAST		13	S. MOTH	ER'S MAIDEN NA						
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ORE,	Pages 1	1		AS DECEASED EVER		MED FORCES?	166 SOCIAL			7. INFOR			ADDR		11-11		Ī
TIMO be e	S. Pa			NO			215-	14-41	+35	Geo	rge A.	Ippo	lito	21 Si	lpp1e	Ave.	
BAL	ysicio oper oval.			18 CAUSE OF DEAT PART I. DEATH W	H (Enter on	ly one couse per	line for (a), (b	o), and (c).)		17 11					APPRO BETWEE	DXIMATE INTERVAL N ONSET AND DEATH	_
ST.,	g ph on p	2		TAKITI DEATH	IMMEDIAT	E CAUSE (o)	Cardiac	Arre	est_								
No to	carb carb			4275		DUE TO, O	R AS A CONS	EOUENCE	OF								
RESTO deoth	nove ation			Conditions, if any, gove rise to imm		(b)_											_
W.P	by the ose rer I, crem other			couse (a), statin underlying couse	ng the	DUE TO, O	R AS A CONS	EOUENCE	OF								
, 20 res t	n plea buria			PART 2 OTHER SIGN	VIFICANT C	ONDITIONS CO	ONTRIBUTING	TO DEATH	BUT NO	OT RELA	TED TO THE TERM	INAL DISE	ASE OR CON	IDITION GIVE	N IN PART I	(0)	=
RDS	The The		NOI	Dealate	pro.	acidosis											
ECC.	s bee ermit.	10	CERTIFICATION	190. DATE OF OPERA			ITION FOR W	HICH OPER	'ATION	WAS PER	RFORMED	200 AU	TOPSY?	20b. IF YES, IN CERTIFY	WERE FIND	INGS USED	
The The	rie ha sit prengient	Chart	RTIF									YES 🗌	NOX	YES		NO 🗌	
NA N	tificate I-transit al Hygi m 18 sh	- /1		OR CONTRIBUTING	_			DAY Y	EAR	ZIc. HOW	INJURY OCCURE	RED (ENTER	NATURE OF INJU	IRY IN ITEM 18, PA	RT 1 OR PART 2)		
NO YSIC	rio rrio	. (MEDICAL	(IF EITHER, NOTIFY MEDICALLY OCCURE		P. 21e. PLACE	M.		19	III. LOCA	TION						
IVISIO	er this s the bu		MEC	WHILE NOT WH	+:LE	(AT HOME, STI	OF INJURY REET, FACTORY, OF	FICE, FARM, ET	(C)	STI	REET		CITY OR TO)WN	COUNTY	STATE	
407	R: Af			22a. certify that X()	(this hospit	tol) ottended th	e deceased fr	om Jar	uary	y 9	, 19.81		anuary		981	, that X I) (we) last	t
ATTE	far af F			sow the decease above,XIX(we) (c	ed olive on	January view the body	ofter death.	19_81	, ond	that in (Xy) (our) opinion (death occur	red on the d	ote and hour	and from th	e couses stated	
OR -	DIRE ched Dept			226. SIGNATURE					DE	GREE			- 1			ESIGNED	Ī
IAI	All leto			1/0	thetise						PHYSICIAN [MEDICA DIRECTO	R PHYSIC		1111	0 81	
OSP	A Pe Signal			22d. PHYSICIAN'S NA					12	22e. ADDI	RESS						Ī
O :	TO FUNER, should be a with the Sto	4				HUM!					Frankli			ive 2	1237		
			23a. B	URIAL, CREMATION, SPECIFY) TIAL	REMOVAL						OR CREMATORY	1 N C	CATION TY OR TOWN	No00	COUNTY	STATE	
В	P		_			1-12	-81	Holy	y Re	edee	mer Cer					aryland	1
	-16 30M 2/80 RA 15, 4)		29 FL	NERAL DIRECTOR	Fin	a. 1 H	ADDR	ess 7a	17 /	Bal.	. PO DAL	E REC'D, BY	KEĞİŞTRAR	25b. REOISTR	AR SIGNA	TURE	
			1	Jussan	In	may pr	426	11	71 1	Dem	211			64455759FF	Kirls &	35.34	

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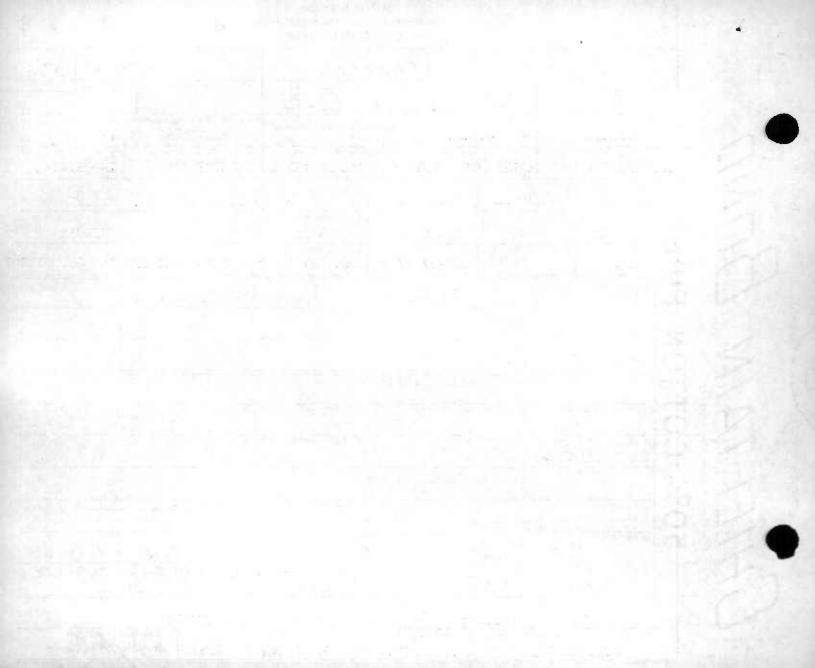
- 1		FOR			NED 4 DV44E		MARYLAND			
	1-	STATE					CERTIFICATE	DEDEATH	0 0	64 7
		REGISTRAR CEASED NAME	FIRST	MEI	MIDDLE	AMINEK 3	LAST		REG. NO.	DAY YEAR 7h
l		OR PRINT)	Lorrain	ne A	Marie	Irel	and	20. DATE KNO OF EST	TI- TED Jan.	
3	3. SEX		I. RACE	5 DATE OF BIRTH				R 24 HRS. 2c. DATE	MONTH	DAY YEAR 2d
7	Ten	ale	White	Dec.20,19	YEAR	LAST BIRTHDAY) MO	NTHS DAYS HOURS	MIN PRONOUNCED	Jan.9,19	
	70. BI	RTHPLACE (STA	ATE OR	76. CITIZEN OF WE		2	RRIED NEVER MAR	9. BALTIMORE	CITY OR COUNTY	17
l	FOI	Pa.		USA				CED Bal	timore Co	•
Ì	10. CI	TY OR TOWN C	OF DEATH	11. NAME OF HOS	PITAL, NURSIN	NG HOME, OR O	THER INSTITUTION	120. USUAL OCCUPATIO	ON (TYPE OF WORK	2b. KIND OF BUSINE
L		wson		St. JO		-		Disabled	Ire)	OK INDUSTRY
1	USU A 130. ST	ATE	IF IN NURSING HOME COUN	OR OTHER INSTITUTION, GR	13c. CITY OR	TOWN	13d. INSIDE CITY LIMITS?	13g STREET ADDRESS		
L		Pa.			Allen	town	YES 🔀 NO	941 Penn St	treet	
		THER'S NAME	***	MIDDLE	LAST		15. MOTHER'S MAIL FIRST Florence	DEN NAME MIDDLE		LAST
1		Ralph		lton	Butz					lhamer
ľ	(YE	S, NO, OR UNKNOV	EVER IN U.S. AR	MED FORCES? WAR OR DATES!	16b. SOCIAL	SECURITY NO.	17. INFORMANT		DDRESS	777
ŀ		no					Rev.Geor	ge Butz Main	St. Valm	
		PART I DE	DEATH (Enter on ATH WAS CAUSE	lly one cause per line D BY:		d (c).)	14. E. '0			APPROXIMATE INTE
I		90	A MMEDIA	TE CAUSE (a)	AS A CONSEC	Kesperan	ory rank	ure		2 day
ı		Condition	s, if ony, which	DUE TO, OR	AS A CONSEC	QUENCE OF	1000			0 / 11
ı		gove rise	to immediate		way	UVEL CELL	sage			Lday
		lying cous		DUE 10, OR	AS A CONSEC	QUENCE OF				
ŀ		PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBITING TO DEATH I	RIIT NOT PELATED I	IN THE TERMINAL DICE	ASE OR CONDITION GIVEN IN P	1107 1		
ı	Z			CONTRIBUTION TO OCCUPA	On Ma	and d	Cela a 2 d	AKI I (0).		
ł	ATIC	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR WHI	ICH OPERATION	WAS PERFORMED?	mercia	•	20. AUTOPSY?
I	LIFIC	62 111								YES NO
1	CERTIFICATION	210 EXTERNAL		21b. TIME OF		V VEAD 21c.	HOW INJURY OCCURR	ED LENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART	
	CAL	UNDERLYING CONTRIBUTIN	☐ OR G ☐ CAUSE OF I		MONTH DA	19				
	MEDICAL	21d. INJURY O		21e. PLACE C	OF INJURY (A		OCATION STREET	CITY OF TOWN		
1	2	AT WORK	NOT WHILE E	3 SINCEL, PACI	ont, rank, etc.)	E 22 A	oracle)	CITY OR TOWN	COUN	NTY :
1		22a certify	that I took chara	ge of the remains desi	cribed above	held on Auto	opsy Inspecti	an A, Inquiry	, ond in my opin	nian
1		death resulter		rol couses ,	Accident	Suicide [Homicide ,	Undetermined manner		
			0	2			TITLE (SPECIFY)	and the state of t		
		ACTUAL SIGNATURE_	1.	12. NO	The	MD	M.D. DEPUT	MEDICAL EXAMINER	DATE	1-9-
1					D/4 -	0.6				
4		EXAMINER'S N (TYPE OR PRIN	T)	J.R.	NOR	KIZ	ADDRESS 3427	SWEET /	AIR RD.	PHOEN
2	30. BL	IRIAL, CREMAT	ION,REMOVAL 2	3b. DATE	23c. NAN	E OF CEMETERY	OR CREMATORY	23d LOCATION CITY OR TOWN	COUNT	TY STATE
L	B	urial		Jan.12,198	31 Frie	dens		Friedens		Pa.
1	24 FU	NERAL DIRECT		ADDRESS			25a. DATE	REC'D. BY REGISTRAR 25	b. REGISTRAR'S SIC	SNATURE
		Leonard	J. Ruci	k Inc. Ba.	ltimore	, Maryla	and	1 2 1001	Richard.	20 Cready
-							JA	N 1 7 1301	-	1

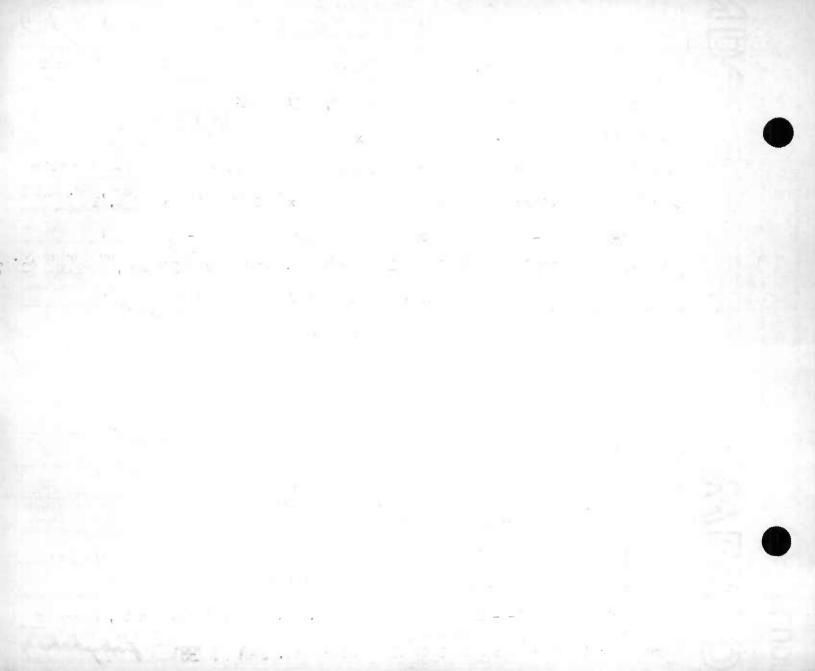




surgest from 1662 & 63

K	1.	STATE REGISTRAR		FICATE OF DEATH	REG. N	004/6
		OR PRINT) ALE C	I SAA	CSON	20. DATE OF DÉATH	MONTH DAY YEAR 26 HOUR 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
	3. SE	MALE	RACE CAVE ASIAN ON	OF BIRTH 5, 1916	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	70. B	RTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76. CITIZEN OF WHAT COUNTRY? 8 MARRIE WIDOW			OR COUNTY OF DEATH ORE COUNTY
158	RA	TY OR TOWN OF DEATH NDALLSTOWN	11. NAME OF HOSPITAL, NURSING HOME BALTIMORE COUNTY GEN		120. USUAL OCCUPAT	ION JE WORKING (IFE) 1726. KIND OF BUSINESS OF INDUSTRIAL INDUSTRIAL
35	13a N		ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TIMORE BALTIMORE	YES NO	13e STREET ADDRESS 3421 JANVAI	LE RD. #21207
030		THER'S NAME MORRIS	ISAACSON	JENNIE	WIDDLE	WASSERMAN
onpau /		VAS DECEASED EVER IN U.S. AR (15 YES, GIV	RMED FORCES? 166. SOCIAL SECURITY NO. 220–07–4769	MRS. ESTHER G	OLDSTEIN 34	421 JANVALE RD. 21
ony injury, or other	CERTIFICATION	couse Io , stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT 196. CONDITION FOR WHICH OPERATION		NAL DISEASE OR CON	DITION GIVEN IN PART 1(0)
shaws	RTIFIC	NA			YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
Hem 18	MEDICAL CE	2] 0. ACCIDENT WAS UNDERLY!! OR CONTRIBUTING CAI (IF EITHER NOTIFY MEDICAL LAW)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)
arked ar	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PŁAĆE OF ÍNĴURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN COUNTY STATE
If Nem 21 is mo		22a.1 certify that (1) (this hasp saw the deceased alive an above, (1) (we) (slid) (did at 22b. SIGNATURE	ital) attended the deceased from 19 11 view the body offer death.	DEGREE	eath occurred on the d	that (I) (we) loop to and hour and from the causes stated
		1 and	T TO THE TOTAL TOT	PHYSICIAN		
MPORTANT		VUNDYAZA V	REDDY.	RANDALLS.	form, N	10,2(133
IMPORTANT		UNRIAL, CREMATION, REMOVAL SPECIFY) BURIAL JUNERAL DIRECTOR SOL L	1-15-81 ARLINGT			MORE COUNTY MD 16 125h RESISTRAR'S SUNTATURE





Dundalk. MD. 21222

Avenue

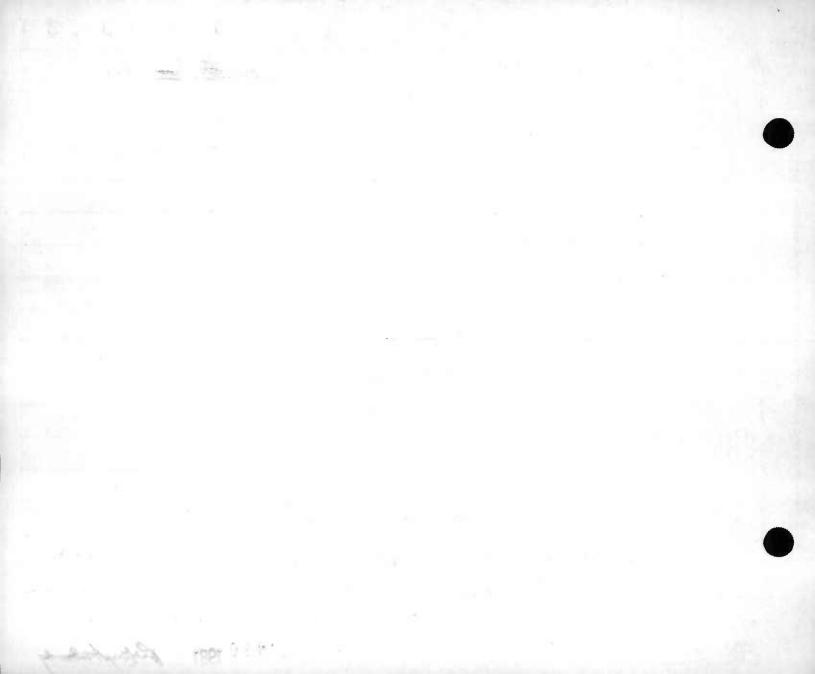
JAN

DHMH-16 30M 2/80

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE White owner outside I william to the owner of HA COSA: A FIGURE SAME SAME SAME SAME

10 1	FOR - STATE REGISTRAR		STATE OF MARYLAND ARTMENT OF HEALTH AND MENT CERTIFICATE OF DEATI		0 0 4 8
	Johanna K. Jar	worski	LAST	Jan Jan	AONTH DAY YEAR 26. HOUR
3: Sf		4 RACE		6. AGE IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 24 MONTHS DAYS HOURS A
70. B	F'em ale BIRTHPLACE (STATE OR FOREIGN COUNTRY)	White 76 CITIZEN OF WHAT COUNT	Sep 8 1904 IRY? I MARRIED NEVER MARRIE	- 1 BALTIMORE CITY OR	COUNTY OF DEATH
P 10 c	M FOR JOWN OF DEATH	USA	WIDOWED DIVORCE	D Balto, Cou	INTY 126. KIND OF BUSINES
100		(IF NOT IN SUCH FACILITY, GIVE S	TREET ADDRESS)	TYPE OF WORK FOR MOST OF	
14 P	TALRESIDENCE (IF NURSING HOME O STATE 136 COU	R OTHER INSTITUTION, GIVE RESIDENCE B	SEFORE ADMISSION) TOWN 13d INSIDE CITY LIN	at home	
1 40	ATHER'S NAME	Derico	VSON YES NOW	ENNAME	pa Road
030	Isadore Gorcze	wicz	Johan		
0 160	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIALS		ADDRES	
	no l	nly one couse per line for (o), (b) ED BY	62 4652	family rec	OF CIS APPROXIMATE INTER BETWEEN ONSET AND
6 6 6		TE CAUSE (0)	en ecuronic	Make Dorcular	dly 5+27
l, cremation, or rather traumotic	Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSE	EQUENCE OF		6+2p
2 o	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR COND	ITION GIVEN IN PART 1(0)
हें निर्व	19a DATE OF OPERATION	196 CONDITION FOR WH	HICH OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATI YES NO
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	OCCURRED ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)
marked or Item	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	N COUNTY STA
21 із та	saw the deceased alive or	ital) attended the deceased front	eri 1	7:5 to the dot	te and hour and from the couses sto
# Hem	226 SIGNATURE The Alegent	O. Vollener	DEGREE ATTEND PHYSIC	ING MEDICAL STAFF	
with the State	22d PHYSICIAN'S NAME ITYPE OF	- 1	22e ADDRESS	look Re Baly	Lineare Md. 212
230	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF CEMETERY OR CREMA		. COUNTY # 1 STA
	entombment	1/29/81	Lorraine Park	Balto. Co	ounty, Md.



_	1	FOR - STATE REGISTRAR			AENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG CATE OF DEATH	REG. NO		0	8 2
M)		CEASED NAME FIRS EORPRINT) Wal	ter.	F.		ENNINGS	Januar	y 4, 1		25. HOUR 3:30A
s a	3 SE	x Male	4 RACE Wh	ite	S DATE O		6. AGE (IN YEARS LAST BIRTI		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
E Sat o		IRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76 CITIZEN OF	WHAT COUNTRY?	1	D NEVER MARRIED	Baltimore city o			MD.
St be not	10 C	ITY OR TOWN OF DEATH Essex	(IF NOT IN SUC	HOSPITAL, NURSIN THEACHITY, GIVE STREET A IN Square	G HOME (OR OTHER INSTITUTION	12d USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Engineer		INDUSTRY	CO/B&O RR
pliner mu	13a M	AL RESIDENCE (# NURSING HO STATE 136 (laryland I	ome on other institution COUNTY Baltimore	GIVE RESIDENCE BEFORE 134 CITY OR TOWN ESSEX	ADMISSION) N	134. INSIDE CITY LIMITS? YES NO KK	130 STREET ADDRESS 1736 Earha	rt Road	1 2122	1
dreal exa	(4 F.	ATHER'S NAME FIRST (Unknov	wn) ^{MIDDLE}	Jennings		15. MOTHER'S MAIDEN NAM FIRST	MIDDLE	(Unkno	own)	šī .
t, the me			S ARMED FORCES? ES, GIVE WAR OR DATES) TMY (?)	705-10-8		17 INFORMANT Edward Franz	/103 E Chas		alto M	ld 21202
rinjury, or other traun	z	Conditions, if any, whice gave rise to immedial cause late and stating the underlying cause loss	ch (b)	ras a conseque Arteriosc	vasc NCE OF lerot	ular accident ic cardiovascu			NIN PART 1	01
em 18 shows an	CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO NO			NGS USED OF DEATH?
marked or Item 18	MEDICAL CER	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (GETHER, NOTIFY MEDICAL EXAMINATION OF COURRED WHILE NOT WHILE AT WORK	OF DEATH HOUR A. MINER) P. 218 PLACE	M. MONTH DA	19	211 LOCATION STREET	ED (ENTER NATURE OF INJUR		COUNTY	STATE
Item 21 is m		220.1 certify that (M(this saw the deceased alm abave, M(we)(did) (d	hospital) attended th	A	81	mber 24, 19,80 and that in (X) (aur) opinion d	to January		ind from the	that M (we) last causes stated
ANT: If	7	22b. SIGNATURE	ellam (4. Book	2	ATTENDING PHYSICIAN	MEDICAL STAF			4/81

DHMH-16 25M (VRA 15, 4) 1/79

01/05/81 Westview Crematorium Catonsville, Maryland 21228 24. FUNERAL DIRECTOR ADDRESS Balto Md 21223
Walters Funeral Home/Pratt & Stricker Streets

23c NAME OF CEMETERY OR CREMATORY

23b. DATE

230 BURIAL, CREMATION, REMOVAL

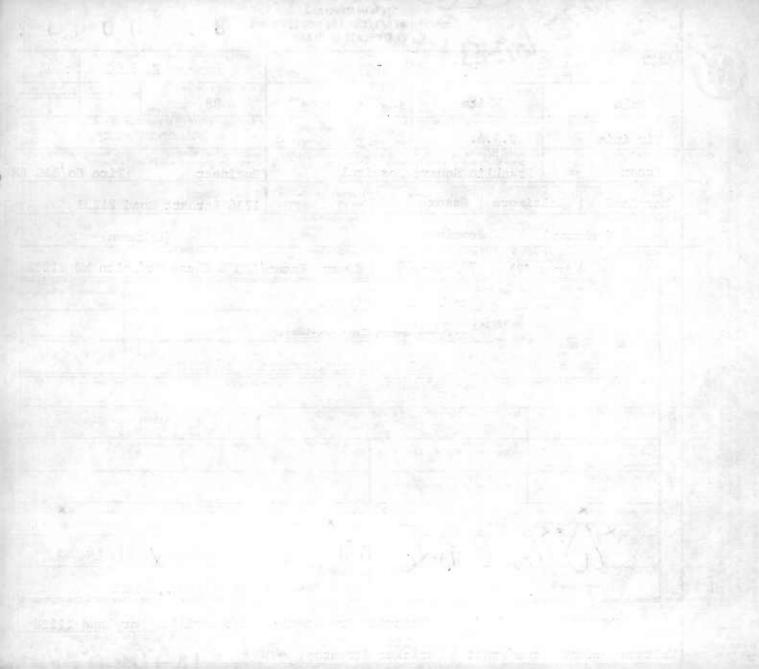
Cremation

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

COUNTY

STATE

23d. LOCATION CITY OR TOWN



-	1.	FOR - STATE REGISTRAR				CATE OF DEATH	REG. N	0	0 4	8 3
7.6		CEASED NAME FIRST	MIDDLI		LA	ST	20 DATE OF DEATH	MONTH DAY	YEAR 2	NAMP!
000	0.05	EDIT		1	IENSE	+	A ACE COLUETOS DE DE		981 NDERTYEAR	12.55 M
	3. SE		4. RACE		5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIR	MON MON		HOURS MIN.
M)	7a 8	Female IRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHA	T COUNTRY?	May		9 BALTIMORE CITY O	YRS.	DEATH	
234		Maryland		100		NEVER MARRIED DIVORCED		_		
2	10. C	ITY OR TOWN OF DEATH		ITAL, NURSING		R OTHER INSTITUTION	BALTIMOF	ION	12b. KIND OF	BUSINESS OR
56		TOWSON	GBMC - 6/	17	IARI ES	S ST.	Housewife	OF WORKING LIFE)	INDUSTRY	
pe l	USU	AL RESIDENCE (IF NURSING HOME COSTATE 136. COU	OTHER INSTITUTION, GIVE		DMISSION1		13 STREET ADDRESS			
3		Md -		altimor		YES NO 3	50 Biena V	ista Ave	nue	
Ocemine]4. F	ATHER'S NAME FIRST John Brit	MIDDLE tingham	LAST		15. MOTHER'S MAIDEN NA FIRST Florence			LAST	
2 medical		WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b	SOCIAL SECUR	780	17 INFORMANT	ADDR	ESS		
e med		No			519	Miss Florence	e Palmer 3	939 Rola	and Ave	enue
event, th		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS				NARY EDEMA			BETWEEN ON	ATE INTERVAL
njury, ar ather troumotic	N.	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS (c) CONDITIONS CONTE	A CONSEQUEN	ICE OF	HEART FAILUE		DITION GIVEN	IN PART 1(0)	
shaws ony in	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION	N FOR WHICH C	PERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES O	
8 sho	CERT	71a. ACCIDENT WAS UNDERLYING			/ VE + 5	21c. HOW INJURY OCCUR		-		
Hera 18	CAL	OR CONTRIBUTING CAUSE OF DE	AIN	MONTH DAY	YEAR 19					
marked ar II	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IN (AT HOME, STREET, F		RM, ETC)	21f. LOCATION STREET	CITY OR TO	NWN	COUNTY	STATE
S B O		22a I certify that (I) (this has		ceosed from	to I	19.81	, to	, 19.	81., th	at (1) (we) lost
121		sow the deceased alive a above, (1) (we) (did) (did n	n ot) view the body ofter	death.	, on	d that in (my) (our) opinion	death accurred on the d	ate and hour on		
If Hem		22k SIGNATURE				EGREE ATTENDING	MEDICAL STA	FF	22c. DATE SI	IGNED .
	1	22d. PHYLCIAN'S NAME	gne	_		PHYSICIAN [DIRECTOR PHYSIC	IAN A	-	18 8
MPORTANT						C701				- 01004
M M	73e	J. BERGA BURIAL CREMATION, REMOVA		73r N	AME OF C	GBMCD/UI	N. CHARLES	ST. TO	WSON_M	D 21 2 04
	1.54	(SPECIFY) Entombment	1/21/81			Valley Mem.	G Cockeysy		YTHUC	STATE
/80		UNERAL DIRECTOR				25a. DA1	E REC'D. BY REGISTRAR			RE .
		Burgee Funeral	Home 3631	Falls	Road	21211 14	N 2 7 1991	No. of Bay	Make	1

107 LONG 44, 1910 70 10 - b-Talling Congress. 220 If welly step Florence status 1939 Table the entitle diliver door to the fact of continue to 1/2/2/

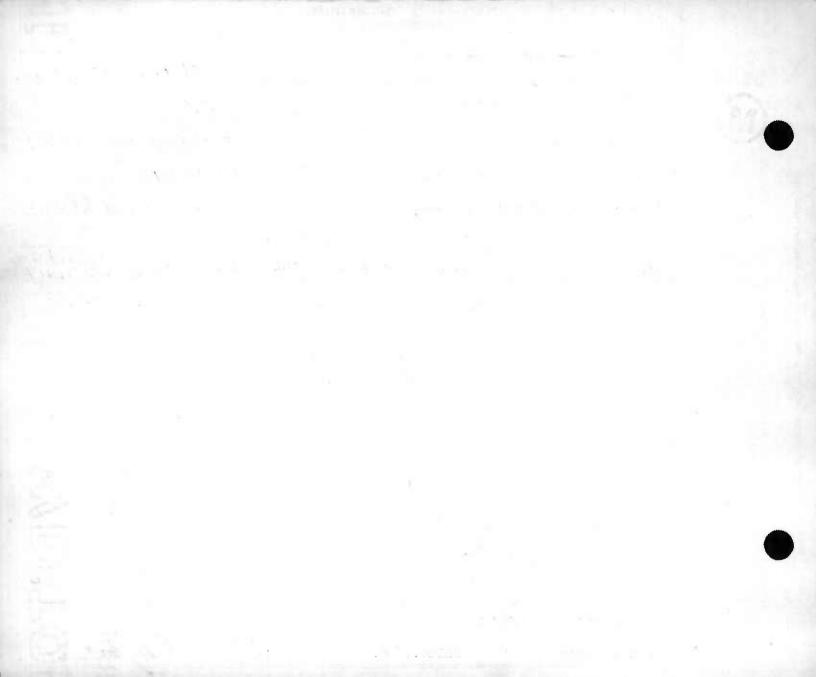
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	1.	FOR - STATE REGISTRAR		DEPAR	TMENT OF	E OF MARYLAND LEALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 REG. N	0 0	خ	8 4
16		CEASED NAME FIRST		WIDDLE		AST	2a. DATE OF DEATH	MONTH DAY	YEAR 2	b. HOUR
deo		Herma	an	Ε.	Johr	son	Jan. 8	3, 1981		5:37a
	3. SE	× MALE	4 RACE WHIT	re	5 DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIR	MONTHS		FUNDER 24 HRS
:35		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	F WHAT COUNTR	Y2 8	D NEVER MARRIED	Baltimore City C		EATH	
Soutied		ITY OR TOWN OF DEATH	HE NOT IN SU	JCH FACILITY, GIVE STR	SING HOME (OR OTHER INSTITUTION	126 USUAL OCCUPAT (TYPE OF WORK FOR MOST C Shirt Cu	ION 12b OF WORKING LIFE) INC	kind of E	BUSINESS OR
35	USU 13g.	TOWSON AL RESIDENCE (IF NURSING HOMESTATE ARYLAND 131 SOU	R OTHER INSTITUTIO	Joseph IN GIVE RESIDENCE BEF BALTI	ORE ADMISSIONS	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 4218 Sah			00.
O Caminer	-	ATHER'S NAME FIRST UNKNO	MIDDLE WIDDLE	LAST		15. MOTHER'S MAIDEN NA UNKNOW	AME .	MITOCK A	LAST	
medicol	16a \	WAS DECEASED EVER IN U.S. A YES, NO OF UNKNOWN) [IF YES, GIV	RMED FORCES? (E WAR OR DATES)	215-0°		17. INFORMANT	1014 Ad	cock Rd	. Lu vill	ther-
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Item 18 show		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINES	ATH HOUR A	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCUP	YES NO	YES		NO 🗍
morked or 1	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, S	OF INJURY TREET, FACTORY, OFFIC	E, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn col	UNTY	STATE
21 is mo		22a.l certify that (首 (this hosp sow the deceased alive o above, (文 (weh(did) (文本)	_			19 8. nd that in (mg) (our) opinion	, 10	, IY		ot 🎉 (we) lost uses stoted
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FOR



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0	3. SEX		HA E	4. RACE		5. DATE C		YEAR	6. AGE (IN YEARS)	AST BIRTHDAY)	MONTHS DAYS	
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20/	10. Ci	INDIANA	TH		HOSPITAL, NURSIN			UTION				QF-BUSIN
23		FORT HOWAR	D.	V. A.	MEDICAL (ADDRESS)	R		Ser. Sta	MOST OF WORKING LI	Ser	ward Stat
25	ÜŚÜ	AL RESIDENCE (IF NURS		OTHER INSTITUTION		E ADMISSION)	13d INSIDE CITY	/ LIMITS?				0000
25		IARYLAND		PIMORE	Dundal	k	YES 🗌 N	10X[X	3337 W	LLFORD :	DRIVE	M.T.
17.	14. FA	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S M			DDLE	STEVE	ASI
100	140 10	DONALDS(H.	JULIAN	IDITY NIO	LON 17. INFORMANI			ADDRESS333		lfor
		YES, NO OR UNKNOWN)		/E WAR OR DATES)	217 03 C		Carrie			Balto		
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	TION	Conditions, if ony, gove rise to imm couse (o), storin underlying couse PART 2 OTHER SIGN MALNUTR	which mediate g the last.	DBY: TE CAUSE (0) DUE TO, O (b) DUE TO, O (c) CONDITIONS CO	PULMONAR AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO D	ARY ENCE OF	NOT RELATED TO				VEN IN PART Y	1(01
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	D. 0	****	73 C	
		CEASED NAME OR PRINT)	FIRST Michael		MIDDLE		AST		MONTH DAY	YEAR	2b. HOUR	_
1					KALANDROS	·		January 3			12:45	_
	3. SEX	Male	4.1	White		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDE	DAYS	HOURS MIN	_
7		RTHPLACE (STATE OR I	FOREIGN 7b.	U.S.A	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY O Baltimore	R COUNTY OF DE	ATH		MD.
- Comp		ry or town of dealtimore	ATH 11.		HOSPITAL, NURSIN HEACILITY SIVE STREET Lin Squar	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O Chef	ON F WORKING LIFE) INC	KIND OF	BUSINESS C	_
6	USUA 130. S Ma	L RESIDENCE (IF NURS TATE Lryland	Baltir	nore	GIVE RESIDENCE BEFORE 131. CITY OR TOW Baltimor	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 🔀	13e STREET ADDRESS 7244 Gough	Street			
1	14. FA	THER'S NAME William	MID	DLE Ka	alandros		15. MOTHER'S MAIDEN NAM A thena	ME		LAST		
		AS DECEASED EVER	IN U.S. ARME (IF YES, GIVE W		215-09-7		MYSORMANILLIE 1 7244 Gough S	M. Kalandro treet, Balt	imore, Mo	1.		
		18 CAUSE OF DEAT PART I. DEATH W	H (Enter only of AS CAUSED B	BY: (Line for (a), (b), an	rrest				APPROXIA IETWEEN O	MATE INTERVAL INSET AND DEAT	н
	NOI	Conditions, if ony gove rise to im- couse (a), statis underlying couse PART 2. OTHER SIGI	mediate ng the last.	(b) DUE TO, O	R AS A CONSEQUE R AS A CONSEQUE DISTRIBUTING TO 1	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART 1(o)	
	CERTIFICATION	19a DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE IN CERTIFYING (YES [
		210. ACCIDENT WAS UN OR CONTRIBUTING [CAUSE OF DEATH		PEINJURY M. MONTH D M.	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART I OR	PART 2)		Ŋ
	MEDICAL	214 INJURY OCCUR	HILE	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211. LOCATION STREET	CITY OR TO	wn co	YTAUG	STATE	
		22a. I certify that the sow the decease above, (\psi (we) (ed plive on	all. 3	19	01	30 , 19 80 nd that in (pc) (our) opinion (, to Jan. 3 deoth occurred on the de		rom the c		ost
		TE STONATURE	May		-		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF	1/3/	81	
		22d. PHYSICIAN'S N)	BAUT	^		220. ADDRESS 9000	Franklin So	quare Dr.	'B3	1237	
	23a. B	URIAL, CREMATION,	, REMOVAL	23b. DATE	23c. I	NAME OF C	EMETERY OR CREMATORY	29d. LOCATION	116	ity	STATE	
	(Burial		1-6-8	1 Ce	dar H	ill Cemeterv	Baltimore	Anne Ari	inde.		

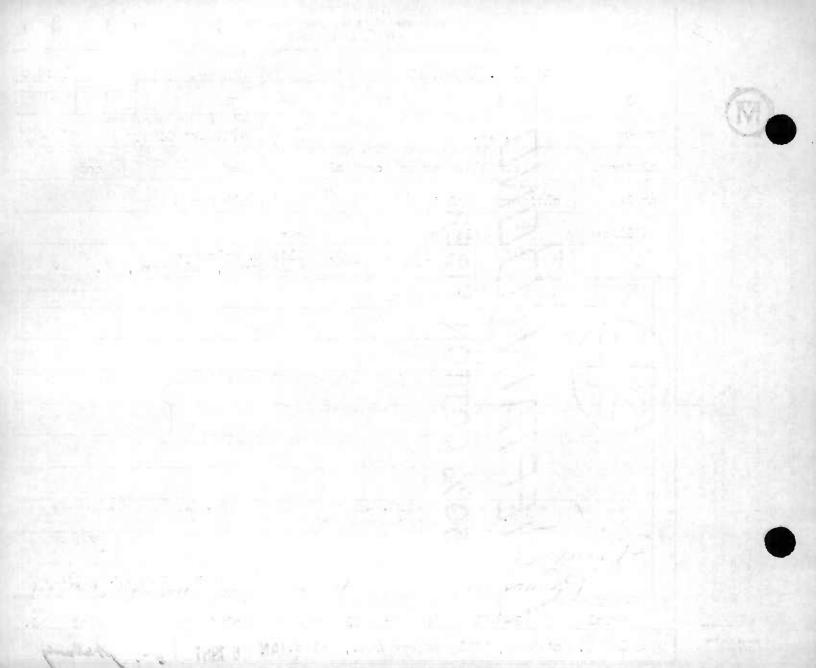
DHMH-16 30M 2/80 (VRA 15, 4)

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MPORTANT: If them 21 is marked ar Item 18 shows any

Nicholas T. Matthews, 3021 Eastern Ave., Balte JAN

ery |Baltimore And 250 DATE REC'D BY REGISTRAR 2 B RE Arundel



DIPPEL FUNERAL HOME 7110 BELAIR RD. BALTO. MD.

21206

24. FUNERAL DIRECTOR

DHMH-16 30M 2/80 (VRA 15, 4)

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HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

MY YOU AND ME DISTRICT DIST LEFT SILVE FUND PRINCIPLE CONNERS HEROT BLOCK 12/4 8/22 75 12/2 80

Harry H Witzke 4112 Columbia Rd Efficott City

(VRA 15, 4) 1/79

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

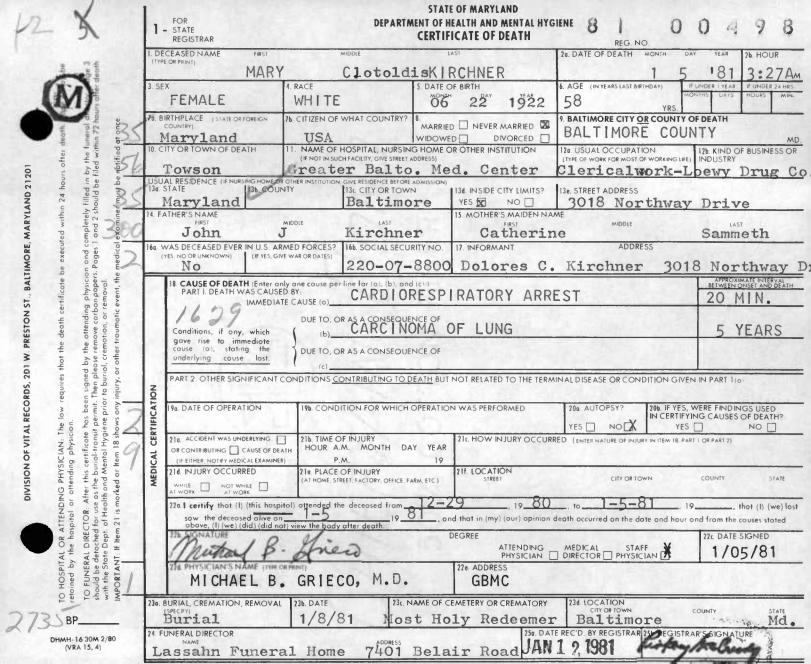
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1	FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH AND I		0 0 4 9 5
	ECEASED NAME FIRST	MIDDLE	28 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
the safe	MARIE	TI KELLER	JAN. 35	1981 "
3 5	F. I	S. DATE OF BIRTH MONTH OAY OAY	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	BIRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	- 1 BALTIMORE CITY OR COL	
35	MD.	USA WIDOWED DA		COUNTY MO
10 0	CITY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSING HOME OR OTHER INST (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	ITUTION 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	126. KIND OF BUSINESS OR
OCK	OSEDALE	5717 HAMILTON	(III of Work for Most of Works	GOUT.
130	ATHER'S NAME FRST MID	DIE LAST YES IS MOTHER'S	NO B 57/7 H	AMILTON AN
\$ 210	WAS DECEASED EVER IN U.S. ARME	DEFORCES? 166 SOCIAL SECURITY NO 17 INFORMA	ADDRESS ADDRESS	4 1
the a	(YES, NO OR UNKNOWN) (IF YES, GIVE WA	AR OR DATES) 217 03 146 MAI		1000
	NO		LIE NYKEHICE	APPROXIMATE INTERVAL
other traumatic ev	PARTI. DEATH WAS CAUSED B IMMEDIATE C Conditions, if any, which gove rise to immediate couse 10', stating the	DUE TO, OR AS A CONSEQUENCE OF (b) School	int Infortin	BETWEEN ONSET AND DEATH
	underlying cause lost	DUE TO, OR AS A CONSEQUENCE TO COLOR OF THE	h'Ms . TO THE TERMINAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
CERTIFICATION	19a DATE OF OPERATION	19% CONDITION FOR WHICH OPERATION WAS PERFO	20a AUTOPSY? 20b. II	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	JURY OCCURRED (ENTER NATURE OF INJURY IN ITEA	A 18, PART 1 OR PART 2)
MEDICAL	216. INJURY OCCURRED WHILE NOT WHILE AT WORK	21R. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATIC STREET	CITY OR TOWN	COUNTY STATE
	22a I certify that (I) (this hospital) saw the deceased alive an above, (I) (we) (did) (did not) v	10 and that in (my)	, to, to	, 19, that (I) (we) lost I haur and from the causes stated
	22b. SIGNATURE	CAN- DEGREE	TTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	22c DATE SIGNED
	22d. PHYS ICIAN'S NAME (TYPE OR PR	BARRA 71	22 HARSOR	Δ
730	BUR (AL	25. DATE 23. NAME OF CEMETERY OR C 2/2/81 BELAIR M	EMELD BECALL	COUNTY M STATE
25M 1/79	FUNERAL DIRECTOR NAME J. 6 CONNEL	ADDRESS MACE	256 DATEREC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE

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		1.	FOR STATE REGISTRAR		DEPARTA	AENT OF H	E OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH	ENE 8	0 0 4	9 9
470	ion 5		CEASED NAME FIRST	*	AIDDLE	L	AST	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
ath y	100		RITA	LO	JISE	KIRK	S	J	AN. 11,1981	N
L L	ai	3 SE	FEMALE	4 RACE WHITE	Ξ	S. DATE C		4 AGE JIN YEARS LAST, BIRTI		IF UNDER 24 HRS
neral dir	fied at	0	RTHPLACE (STATE OR FOREIGN OUNTRY) SHINGTON D.C.	76 CITIZEN OF	WHAT COUNTRY?	I.	D NEVER MARRIED	BALTIMORE CITY O	COUNTY OF DEATH	MD
in by the funera	200		BALTIMORE	7022	LACHLAN C	G HOME C	APT. C	120 USUAL OCCUPATION OF WORK FOR MOST OF HOMEMAKER		BUSINESS OR
2 2	35	USU.	AL RESIDENCE (IF NURSING HOME ON STATE 136 COUN MD. BALTI		GIVE RESIDENCE BEFORE 13c CITY OR TOW BALTIMOR		134 INSIDE CITY LIMITS? YES NO 🛣		LAN CIRCLE AP	т. с
completely fille	0 <u>m</u> 30	14. FA	THOMAS	MIDDLE	YOUNG		15 MOTHER'S MAIDEN NAM CLARA	WIDDIE	KREH	
and co	med		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMANT	ADDRE	SS	
an an Page	t, the		NO		220-46-6	331	DOROTHY Y. K	IRKS 7022 L	ACHLAN CIRCLE	21239
n signed by the atter	,,00	NO	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	(b)	RAS A CONSEQUE Acute RAS A CONSEQUE DITRIBUTING TO E	NCE OF	ASCVD	nal disease or cont	DITION GIVEN IN PART 1(0)	
cian. ificate has been nsit permit. The		CERTIFICATION	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES	
ohysiciar scertifica al-transit	or Item 18		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		M. MONTH DA	Y YEAR	216 HOW INJURY OCCURR	ED JENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PART 2)	
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spital or a RECTOR: I for use a	tem 21 is		220.6 certify that (1) (this haspi saw the deceased alive an above, (1) (we) (did) (did no	tal) attended the	deceased from 1981 ofter death.		nd that in (my) (aur) apinian d	, to leath accurred an the do	ate and have and from the co	
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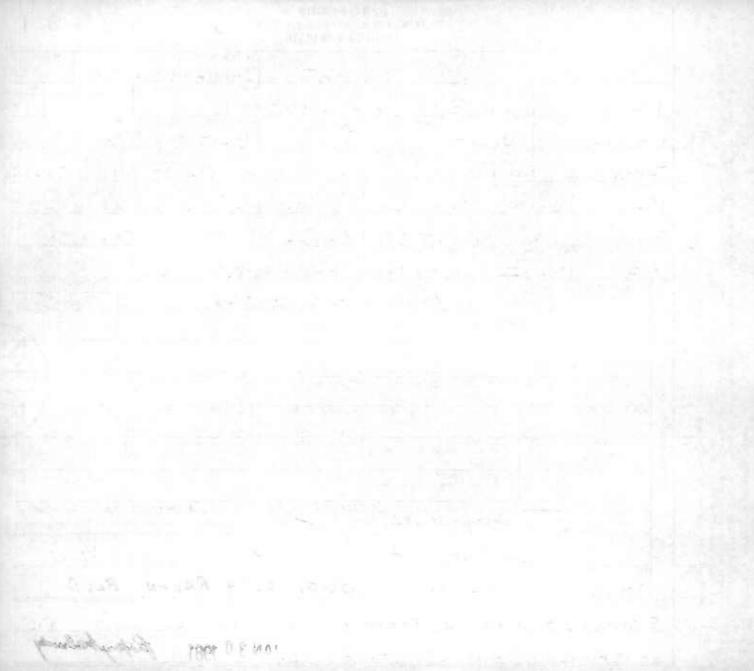
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in should be detached for use as the burial-transit permit. Then please remove corbonpopers. Pages 1 and 2 should be faw the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If Item 21 is morked or Item 18 shaws any injury, or ather traumotic event, the medical examined

BP. DHMH-16 30M 2/80 (VRA 15, 4) STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

)	1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL H	YGIENE 8	00501
-		EASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	H DAY YEAR 26 HOUR
	(ITPE	ROBSRT	L .	KNIGHT	JANUARY 2	4 1981 4
	3. SE >	13000	1. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
-	1	JALE	WHITE	6 - 24 - 1905	75	MONTHS DAYS HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN)	76. CITIZEN OF WHAT COUNTRY	RARRIED NEVER MARRIED	9 BALTIMORE CITY OR COL	UNTY OF DEATH
2	4 . 1	ARYLAND	U.S.A.	WIDOWED DIVORCED	BALTIMOR	LE COUNTY MD.
	10. CI	TY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE 	NG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	126. KIND OF BUSINESS OR
	4	ARKVILLE	2610 BURRID	CE ROAD	GEN. MAN'T	MOD TRAN'S
1	130 S	L RESIDENCE (IF NURSING HOME OR C TATE 136, COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION) NN [13d. INSIDE CITY LIMITS]	13e_STREET ADDRESS	
2	1		TO. MARKY	LLE YES NO D	2610 BUR	RIDGE ROAD
10	14. FA	THER'S NAME FIRST **	AIDDLE . LAST	15. MOTHER'S MAIDEN N	NAME MIDDLE	LAST
56,	G	EORGE H	1. Knight.	Sr. SARAH	M.	SCHRECK
		(AS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SEC	URITY NO. 17. INFORMANT	ADDRESS	
		ES WW		7442 FAMILY	1 RECORD:	
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y ane cause per line far (a), (b), a	nd (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	311		E CAUSE (a) Meta	astatic rectal car	rcinoma	3 months
		1541	DUE TO, OR AS A CONSEQU	JENCE OF		
		Canditions, if any, which	((b)			
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF		
П		underlying cause last.	(c)			
	z	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TEL	RMINAL DISEASE OR CONDITION	GIVEN IN PART 1(a)
5	CERTIFICATION	19a DATE OF OPERATION	19h CONDITION FOR WHICH	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. I	IF YES, WERE FINDINGS USED
1	FIC.	THE DATE OF OFERATION	170. CONDITION TOR WINCE	TOPERATION WAS PERIORMED	INC	ERTIFYING CAUSES OF DEATH?
4	ERT	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	In How hills occ	YES NO	YES NO
7		OR CONTRIBUTING CAUSE OF DEAT	HOUSE AND MONTHS OF	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITE	M 18, PART 1 OR PART 2)
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		226. SIGNATURE	2000	DEGREE		22c. DATE SIGNED
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		22d. PHYSICIAN'S NAME THE OR	PRINT)	22e ADDRESS		5
		PAUL	CHANG	3601	LOCH RAVEN	1 BLVD.
	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATOR	23d. LOCATION	COUNTY STATE
3	E	TRAMBMOTA	1381981	ARKWOOD CEM.	TARKVILLE	BALTO. MD.
	24. FU	NERAL DIRECTOR	ADDRESS	25e. D	ATE REC'D. BY REGISTRAR 256. RE	EGISTRAR'S SIGNATULE
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TA A DIVISION OF	TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the first and associated for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be the line with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.

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18 CAUSE OF DEATH LETTER only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a). CARDIO PULMONARY ARREST DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (b), stoling the underlying couse (ost.) (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19c. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19c. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 12c. ACCIDENT WAS UNdeficiting (CAUSE OF DEATH (IF ETHIN, NOSIFY ABOLA LEXAMMER) 12d. ACCIDENT WAS UNdeficiting (CAUSE OF DEATH (IF ETHIN, NOSIFY ABOLA LEXAMMER) 12d. MUNICE (FETHIN, NOSIFY ABOLA LEXAMMER) 12d. MUNICE	dicol	160	WAS DECEASED EVER IN U.S. AR				21093
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226 PHYSICIAN'S NAME (TYPE OR PRINT) 226 ADDRESS PETER CONDRO JR. 236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION SPECIFY BURIAL Jan. 21, '81 Loudon Park Balto Co Narylar	Ī	D	ten	Candle of		MEDICAL STAFF DIRECTOR PHYSICIAN	1-18-81
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AL DIALDAL DIDECTOR		24	Burial	Jan. 21, 81			Maryland
74. FUNERAL DIRECTOR NAME William F. Johnson 8521 Tooh Payon Playon Playon	10		NAME		250. DAI	1 9 1981 KAR	y mounty

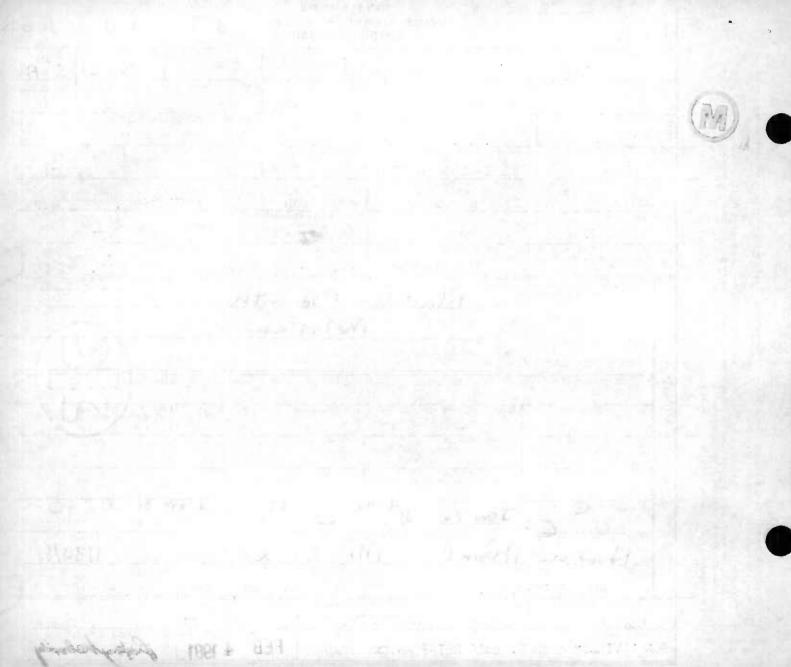
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201



Baltimore, Maryland

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

- STATE

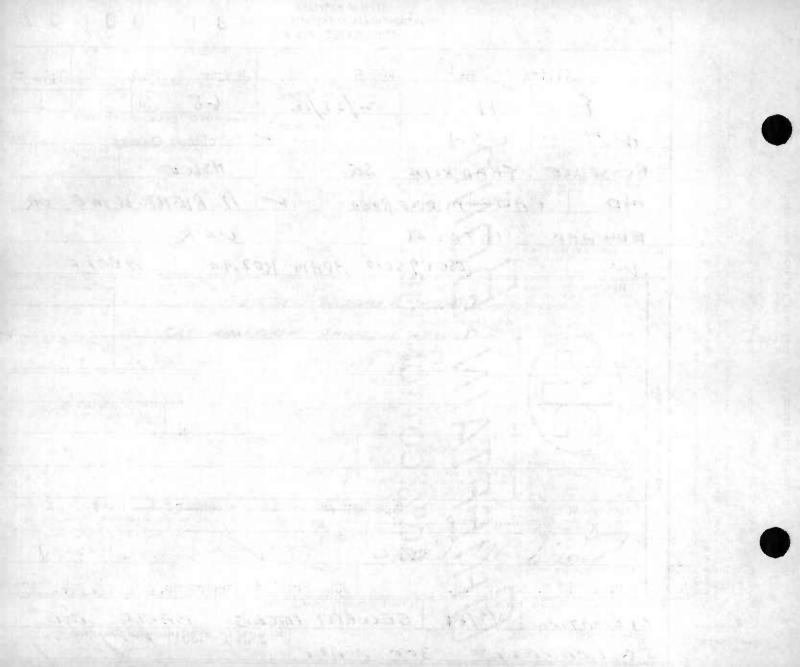
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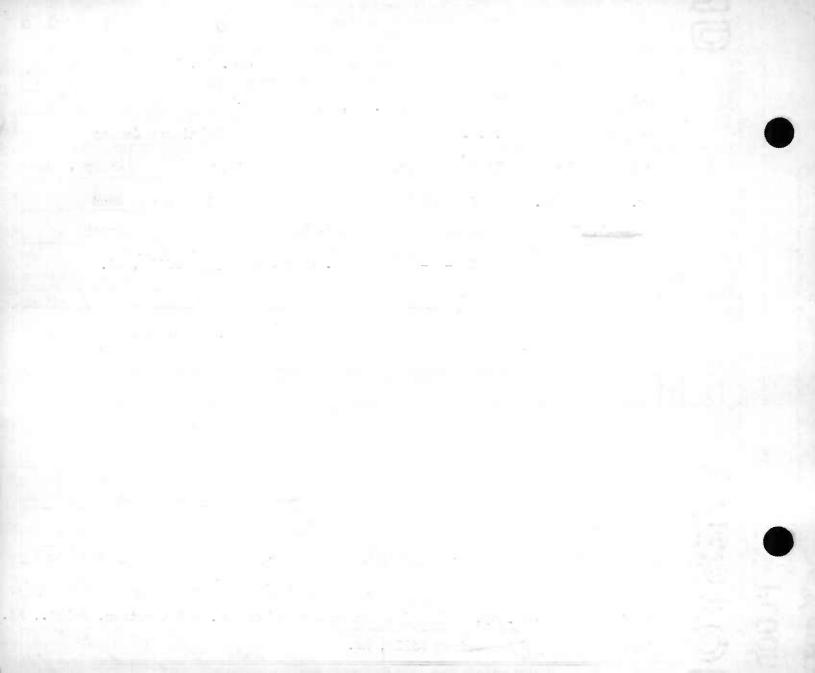
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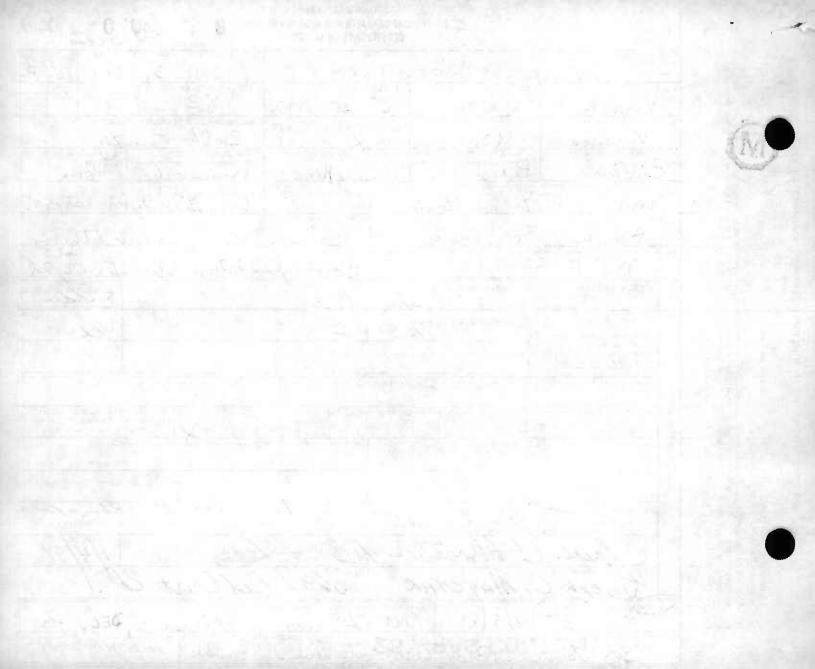
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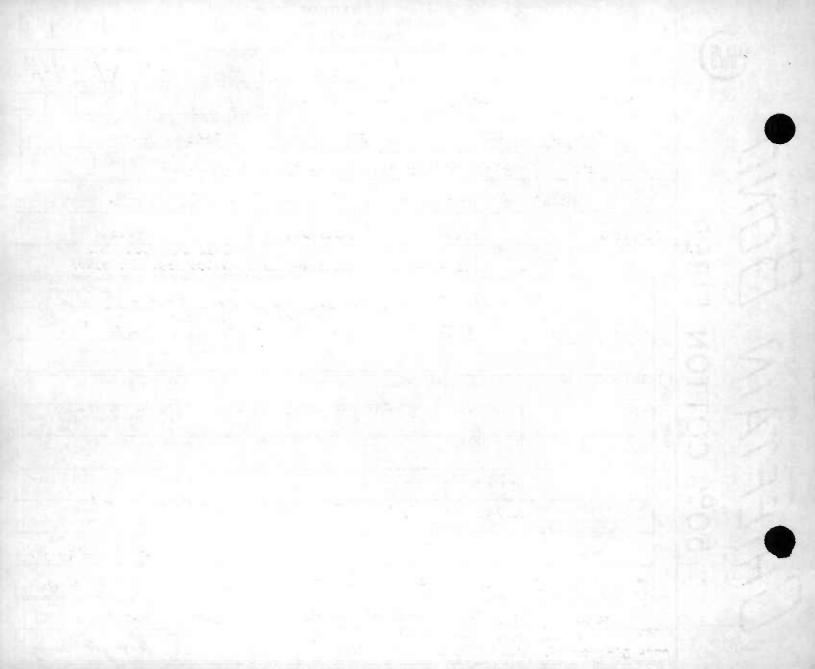


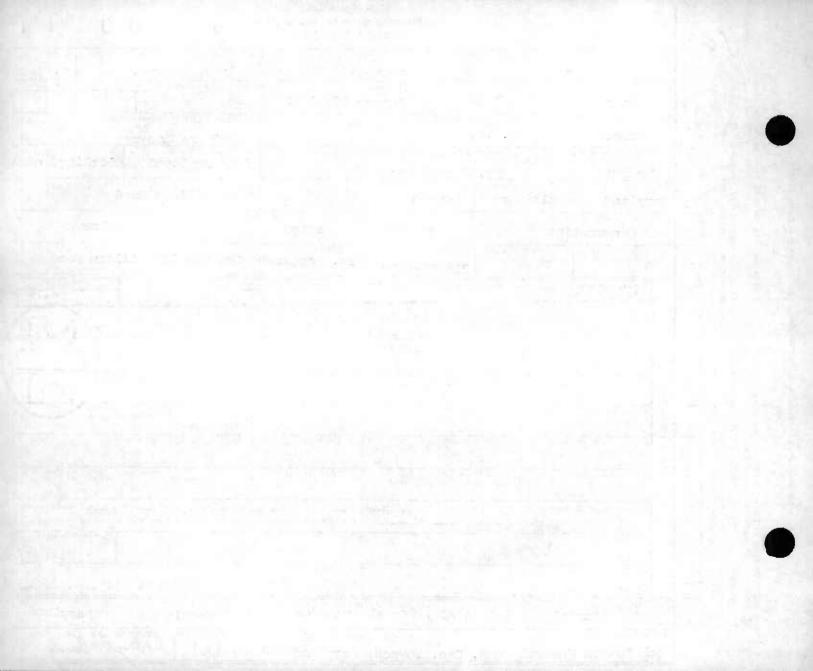
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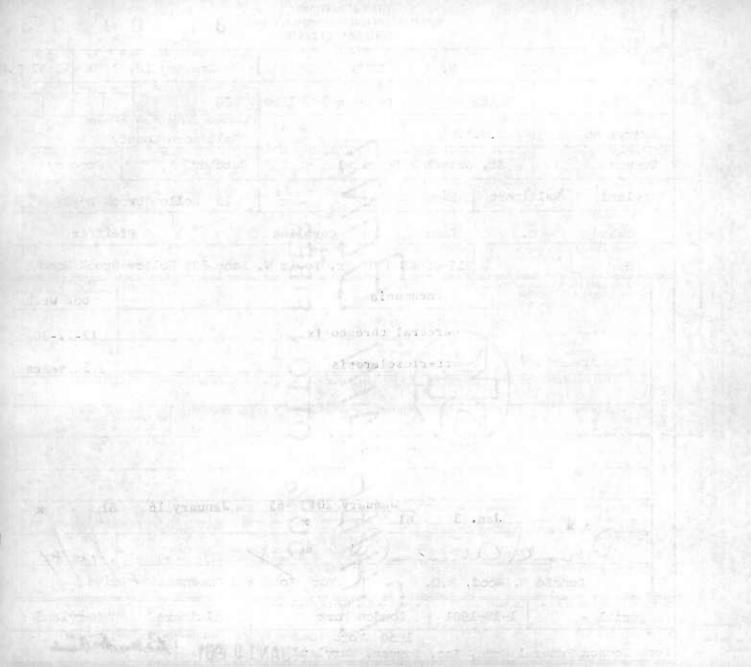
8728 Liberty Rd., Randallstown, MD 21133

(VRA 15. 4)

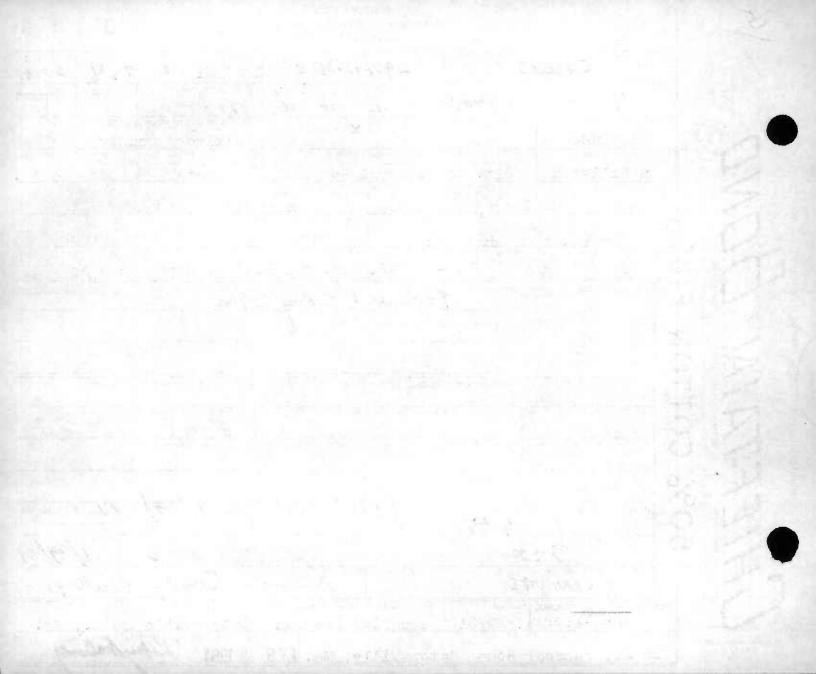




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1/1		- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
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⊢ # 3 €	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c N	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
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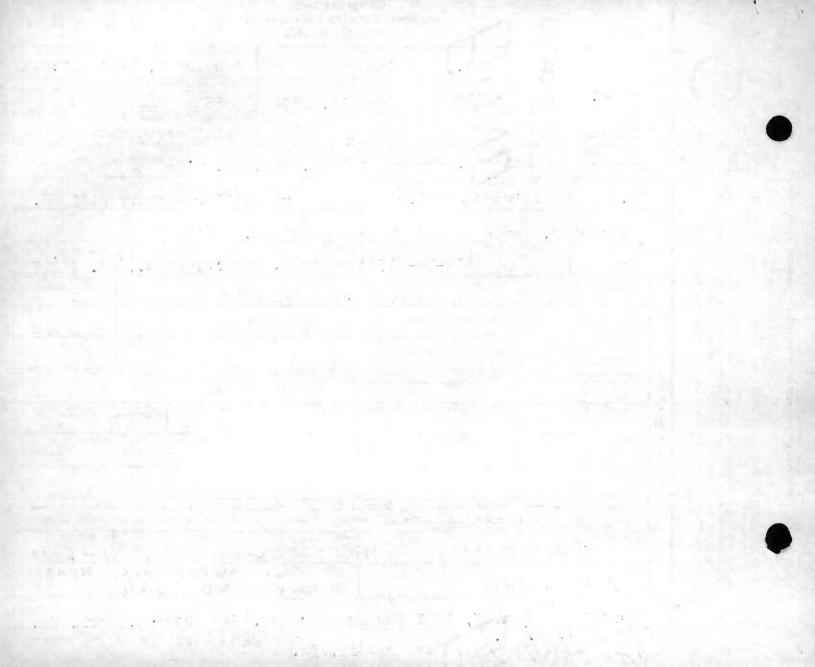


2	1.	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 1 0	0514
yy be denth	{TYPE		charles Melvi	10/00/07	1/29/81 / 2	-3 AW
99e 4 m	3. SE.	' M _{Male}	Caucasian	5. DATE OF BIRTH 12/28/06 MONTH DAY YEAR 12 28 66.		IF UNDER 1 YEAR IF UNDER 24 HRS
Peoth. Po	7a. BI	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY? USA	**MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore County	of DEATH anty MD.
s offer of the first of the fir		randallstown	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET Balt. Co. Ge		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126. KIND OF BUSINESS OR
ithin 24 hoursely littled in 2 Moult be	13a S	aryland Bal-	timore Baltin	13d. INSIDE CITY LIMITS? YES NO TO 15. MOTHER'S MAIDEN NA	13. STREET ADDRESS 3630 Yenar La	ane 21207
comple comple	16n: V	Howard VAS DECEASED EVER IN U.S. AR	Laupheime		ADDRESS	Frock
be exec			A 217-09-			Same as # 13
NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours attending physician. The low requires that the attending physician and completely filled in the state this certificate has been signed by the attending physician and completely filled in the state buriol-transit permit. Then please remove carbonpaper. Page 1 and 2 that the fill had Mental Hygiene prior to buriol, cremation, or remayal. The state of the stat	NOI	Canditions, if any, which gove rise to immediate cause (o), stating the underlying cause last.	TE CAUSE (o) DUE TO, OR AS A CONSEQU (b) DUE TO, OR AS A CONSEQU (c) CONDITIONS CONTRIBUTING TO	ENCE OF	WINAL DISEASE OR CONDITION GIV	EN IN PART 1(0)
The low re icion.	CERTIFICATION	19a. DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO YES	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
O PHYSICIAN: The Intending physicion of the buriol-transit on different and Mentol Hygie ked or Item 18 sho	MEDICAL CE	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	HOUR A.M. MONTH D	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18, P.	
DR ATTENDI i hospitol or DIRECTOR: A ched for use cept. of Heol	ME	saw the deceased al Re on	(AT HOME, STREET, FACTORY, OFFICE, ital) attended the degeosed from the view the body ofter death.	1/16/ 198/	death occurred on the date and hour	19 , that (I) (we) lost r and from the causes stated
TO HOSPITAL Cretoined by the TO FUNERAL Bshould be detoo with the State Elimportant: if	23)(]	22d. PHYSICIAN'S NAME (TYPE OF REAL PROPERTY OF REAL PROP	MS	PHYSICIAN (27e ADDRESS Ballue NAME OF CEMETERY OR CREMATORY	DIRECTOR PHYSICIAN DE CENTY	Genkers.
BP		INERAL DIRECTOR	1- 1-	curity Process	Catonsville TE REC'D. BY REGISTRAR 256 MGIST	Balter Md.
(VRA 15, 4)	Ma	cNabb Funera		sville, Md. FEE	2 1981	y/February



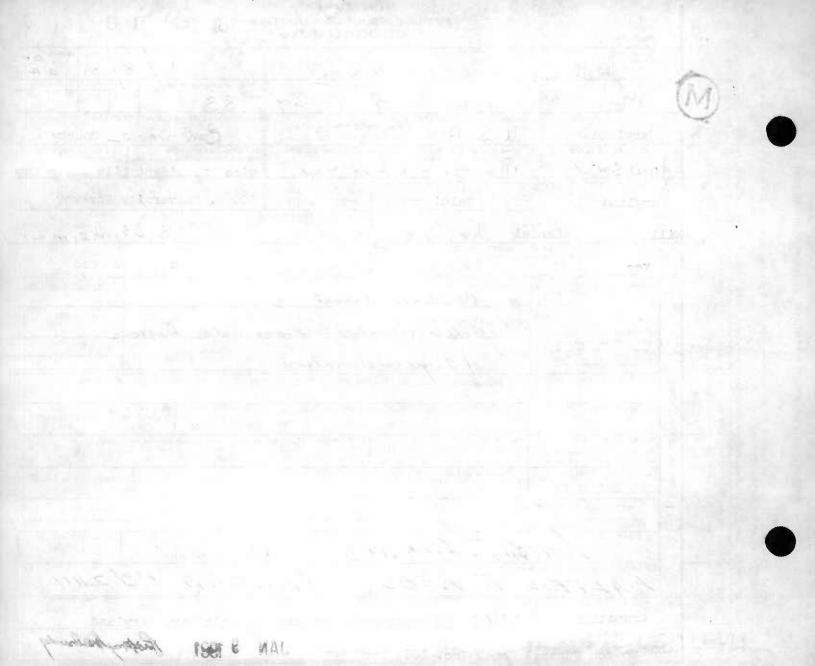
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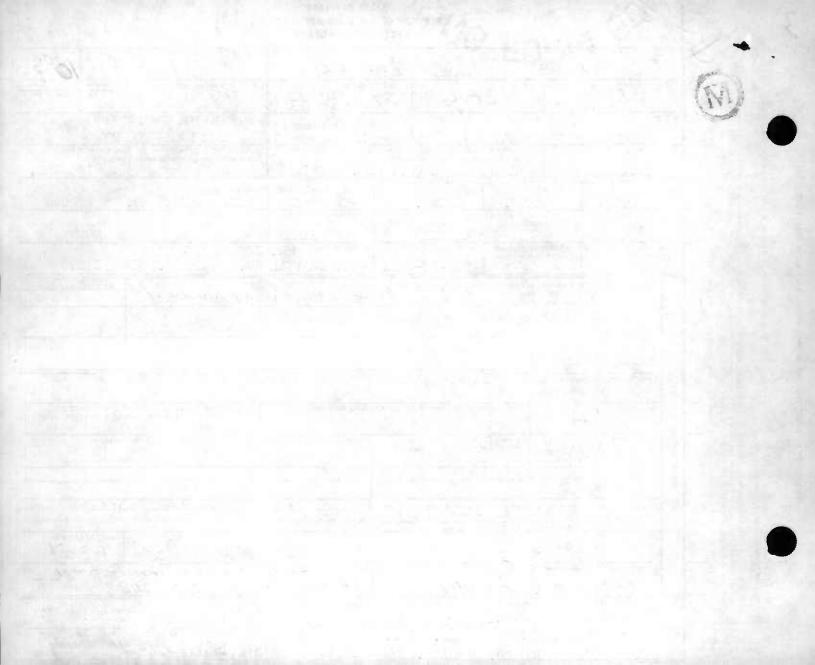
THE LANGE 2-194 :10017 T 722 44 (1)7 10 7 1) = (] =) = 1; 1; (1 - - - 1 - 1 13 -1 3 -1 3 1-1 1 4-41-1 TELLES OF THE STATE OF THE STAT



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MONTH 2b. HOUR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 9. BALTIMORE CITY OR COUNTY OF DEATH 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY AIR CRAST 604 MIDDLE SEX ADDRESS ABOVE APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (Ky) (our) opinion death accurred an the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN Jan. 9000 Franklin Square Drive (SPECIFY BURIAL STATE 250. DATE REC'D. BY REGISTRANZS REGISTRANZS CHATURE 24. FUNERAL DIRECTOR DHMH-16 30M 2/80 (VRA 15, 4) 300 CONNELLY

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4. RACE 15. DATE OF BIRTH MONTH MONTH 2-24-21 15. DATE OF BIRTH MONTH MONTH MONTH 2-24-21 15. DATE OF BIRTH MONTH MONTH MONTH MONTHS DAY MONTHS DAY MONTHS DAY MONTHS MONTHS MONTHS DAY MONTHS MONT	County MD. 12b KIND OF BUSINESS OR INDUSTRY Balto. CQ
Thomas James Levy SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2. DATE MONTH MONTH 2-24-21 5. DATE MONTH MONTH DAYS HOURS MIN. PRONOUNCED DEAD 1	30 1981 M 30 1981 PM 30 1981 PM TY OF DEATH COUNTY MD. 172b KIND OF BUSINESS OR INDUSTRY Balto. CQ
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MSREGO COUNTRY A TTC A MARRIED A NEVER MARRIED	County MD. 12b KIND OF BUSINESS OR INDUSTRY Balto. CQ
THE STATE OF THE S	Balto.CQ
WIDOWED Baltimore	Balto.CQ
11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IFNOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WORK) FOR MOST OF WORKING IFE)	Balto.CQ
Tranklin Canonital	enue
USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. Maryland 13 Baltimore 131. ROSedale 132. ROSedale 134. INSIDE (ITY LIMITS? YES NO X 946 ROSedale AV	
1). MOTHER STRAIGE	LACY
Josephine Michel	LASI
166. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES NO. OR UNKNOWN) 1 (F YES, GIVE WARDROADES)	
Josephine Michel Josephine Mi	ale Ave.
18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c),)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease Arteriosclerotic Cardiovascular Disease MMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease MMEDIATE (a) Arteriosclerotic Cardiovascular Disease MMEDIATE (a) Arterioscle	BETWEEN ONSET AND DEATH
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Couse (a) stating the under- lying cause last. DUE TO, OR AS A CONSEQUENCE OF (c)	
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WHILE NOT WHILE OF STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COL	31012
220. I certify that I took charge of the remains described above, held an Autopsy XI, Inspection I, Inquiry I, and in my ap	ninion
death resulted from: Natural causes X, Accident , Suicide , Hamicide , Undetermined manner ,	
TITLE (SPECIFY)	
ACTUAL SIGNATURE Wrome Zoola M.D. Assistant MEDICAL EXAMINER SIGNE	1/31/81
SET SECOND	
22a. Leertify that I took charge of the remains described above, held an Autopsy X, Inspection I, Inquiry I, and in my applicant resulted from: Notural causes X, Accident I, Suicide I, Hamicide I, Undetermined manner I, ACTUAL SIGNATURE Wayne Zoola M.D. Assistant MEDICAL EXAMINER SIGNE EXAMINER'S NAME Virginia L. Dolan, M.D. ADDRESS 111 Penn S 23a BURIAL CREMATION REMOVAL 23b DATE 134 NAME OF CEMETERY OR CREMATORY 123d LOCATION	treet
CITY OR TOWN COUNT	NTY STATE
Burial <- 3-01 Gardene of Foith a Boltiman Me	aryland
DHMH-17 DHMH-17 ADDRIS 211 Chesaco Ave. 250 DATE REC'D. BY REGISTRAR'S S	IGNATURE
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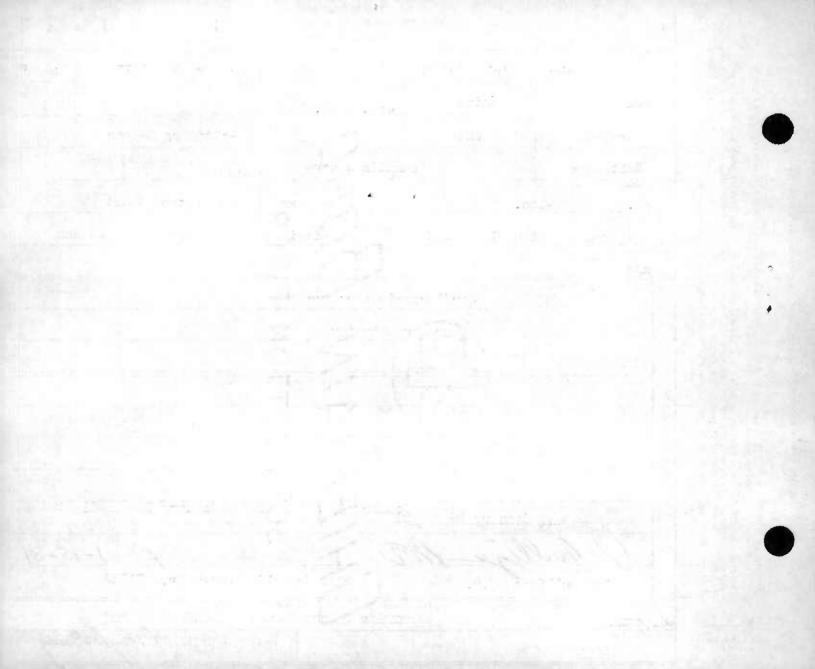
24 FUNERAL DIRECTOR

NONE

		FOR STATE REGISTRAR				MENT OF H	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. No		0 5	2	2
		CEASED NAME OR PRINT)	Baby	Girl	LEWIS		1AST	January 1			2b. HOU 5:00	
	3. SEX	Female		4. RACE Wh	ite	5. DATE (H DAY YEAR	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	HOURS	24 HR5 MIN.
5	Ja BII	RTHPLACE (STATE	OR FOREIGN		WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED XX	Baltimore city o		MD.		
7	10. CI	Baltimore 11. NAME OF HOSPITAL, NURSING HOME OR OTHER IN (IF NOT IN SUCH FACILITY, GIVE SHEET ADDRESS IN SQUA USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)					n Square	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF TANK)		126. KIND O INDUSTRY	F BUSINE	SS OR
5	13a. S	AL RESIDENCE (IF	NURSING HOME OF 136 COUN Bal	1TY	13c. CITY OR TOY		13d INSIDE CITY LIMITS? YES \(\text{NO} \text{NO} \text{X}	13e. STREET ADDRESS 4 1C Dut	row Cou	ırt		
0	14. F.A	Steven	M.	middle ichael	Lewis		15 MOTHER'S MAIDEN NAM	MIDDLE Lyni	n	Ske	ens	
	(1	VAS DECEASED EN		MED FORCES? E WAR OR DATES)	166. SOCIAL SECI	JRITY NO.	17. INFORMANT	ADDRE	ŠS	5.25		
		Conditions, if a gove rise to couse (a), st underlying co	IMMEDIATED IN WISH IN	D BY: CE CAUSE (o) DUE TO, C (b) DUE TO, C (c)	or as a consequ Severe p	spiratence of remations					MATE INTER	VAL THE
2	CERTIFICATION	190. DATE OF OPE		Marie Le			NOT RELATED TO THE TERMI	IN CERTIFY		S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO		H?
1	MEDICAL CER	220.1 certify that	CAUSE OF DEAMEDICAL EXAMINER URRED T WHILE WORK (this hospi	21e. PLACE (AT HOME, ST	.M. MONTH D .M. OF INJURY REET, FACTORY, OFFICE.	19 FARM, ETC.)	216. HOW INJURY OCCURR 216. LOCATION STREET TY 15 , 19 81	ED (ENTER NATURE OF INJUIL CITY OR TO	wn 15, 19	COUNTY	that Xi (w	TATE
		224 PHYSICIANS	Mul		_m		DEGREE ATTENDING PHYSICIAN 22e ADDRESS 9000 Frankl	MEDICAL STAF DIRECTOR PHYSIC	FIAND	22c. DATE		81
	1	BURIAL, CREMATIC SPECIFY) SPOSAL	ON, REMOVAL	23b. DATE			remetery or crematory in Square Hosp	23d. LOCATION BATTO		Ma'TY	\$1	TATE

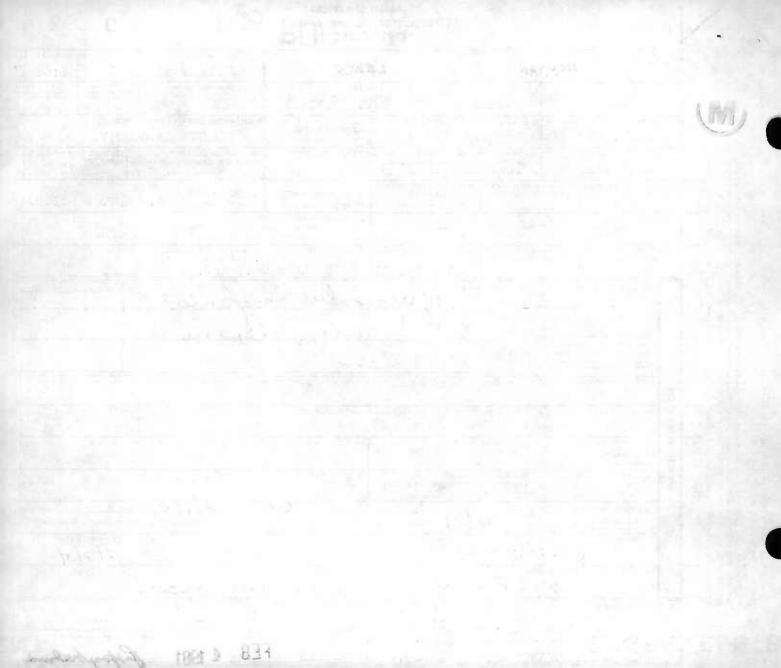
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250. DATE RECD. BY REGISTRAR 256. H. S. 144



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the second state	mean willow kindle.	1/3/01	

	1	FOR - STATE REGISTRAR	DEP	RTMENT OF	E OF MARYLAND BEALTH AND MENTAL HYO FICATE OF DEATH	GIENE 8	0 0	5 2 4
e 3 ath	I. DE	CEASED NAME FRST	MIDDLE		EWIS	JANUARY	MONTH DAY YEAR	26. HOUR 6:40
ter de	3. SE	x MALE	4 RACE WHITE		OF BIRTH T. 20, 1911	6 AGE (IN YEARS LAST BIRTH		
135	Je. 8	IRTHPLACE ISTATE OR FOREIGN OUNTRY MARYLAND	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIE	D XXNEVER MARRIED D		DRE COUNTY	M
of st not	10 C	BALT IMORE	11. NAME OF HOSPITAL, NU MANOR CARE N	RSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF MERCHAN		OF BUSINESS OR
amine mu	USU 13e	AL RESIDENCE (IF NURSING HOME OF STATE MARYLAND	ROTHER INSTITUTION, GIVE RESIDENCE INTY OR THE BALTT		134. INSIDE CITY LIMITS?	6416 ELRAY	DR., APT. I	D 21209
300	14 F.	ATHER'S NAME FIRSAMUEL	LEWIS		15. MOTHER'S MAIDEN NA FIRST ESTHE		CARP	LAST
ysician and con pers. Pages 1 ar oval. event, the med		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) I IF YES, GIVI NO	E WAR OR DATES)	01-1411		S. HILDA LEW DR., APT. D	vis #21209	
hen please remove carb r to burial, cremation, c ny injury, or other trau	NO	Conditions, if ony, which gave rise to immediate cause (a), stofing the underlying cause last PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSE b)	OUENCE OF	Content of the Term	AINAL DISEASE OR COND	DITION GIVEN IN PART	1101
ygiene prio	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	TICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
or Item	MEDICAL CE	218, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEALER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR	216 HOW INJURY OCCUR	RED JENTER NATURE OF INJURY		
as the bu	ME	AT WORK AT WORK	AT HOME, STREET, FACTORY, OF	<u> </u>	STREET	CITY OR TOWN		STATE
DIRECTOI thed for use Dept. of He If Item 21		220 1 certify that (I) (this hospi saw the deceased alive on above, (I) (we) add) I did no 22b. SIGNATURE	111516		nd that in (my) (aur) opinion DEGREE	death occurred an the da	ite and haur and from th	_, that (I) (we) lost he couses stated .TE SIGNED
HAL detac		224. PHYSICIAN'S NAME (TYPE O	PR PRINT)		ATTENDING PHYSICIAN E	MEDICAL STAF	FAN [] 2/5	2181
should be detact with the State IMPORTANT:		W	ICFSON		3,0V	le. Ro	gers	
		BURIAL CREMATION, REMOVAL BURIAL	FEB. 2,1981	BNAI I		BALTIMOR		STATE RYLAND
H-16 25M 15, 4) 1/79	24.1	UNERAL DIRECTOR SOL NAME 6010 REISTERST	ADDRES	S., INC		FEB 4 1981	Lite	halmade



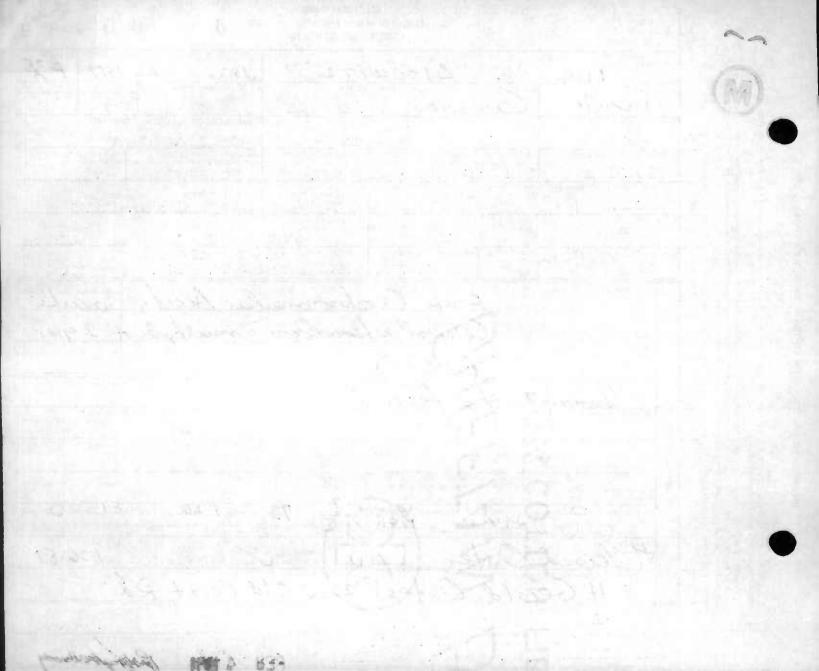
STATE OF MARYLAN	n

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	1214	FOR 3 - STATE REGISTRAR	ESAM LUEDA	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	0 0 5 2 5
	. 25 6	1. DECEASED NAME FIRS		LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	à (AA)	R. XXXXX		Leys	January 10,	1981 5.5/
	1 (1)	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS EAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	Poge hour	Female BIRTHPLACE (STATE OR FOREIGH	White 7b CITIZEN OF WHAT COUNTRY	March 16,1912	68 YRS	
	death. F	COUNTRY		MARRIED MEVER MARRIED		
		Maryland II CITY OR TOWN OF DEATH	U.S.A.	WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	Baltimore Co	ounty, MD. 126. KIND OF BUSINESS OR
-	2 -0 EOO	Towson	417 Brook Ros	ET ADDRESS)	TYPE OF WORK FOR MOST OF WORKING	GLIFE) INDUSTRY
120	ours ours be r	USUAL RESIDENCE (IF NURSING HO	ONE OF OTHER INSTITUTION, GIVE RESIDENCE BEFO	DRE ADMISSION)	Home Maker	Own Home
AND 2	Filled 24 I	Maryland /	Baltimore 13c CITY OR TO		13e. STREET ADDRESS 417 Brook Roa	ıd
BALTIMORE, MARYLAND 21201	A Sale	14. FATHER'S NAME FIRST Allie	Mc Calli	.ster Rachel	AME	Wheeler
SE.	5 0	160 WAS DECEASED EVER IN U. (1F YES, NO OR UNKNOWN) (1F YES)	ES GIVE WAR OR DATES!		ADDRESS	
I W	a . a .	No	084-12	-1305B Davids. Le	ys Same as #13	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., E	equires that the death certificate Langued by the ottending physicia. Then please remanave carbonpapers to buriol, cremation, ar remaval. injury, ar other traumatic event, the injury, ar other traumatic event, the	Conditions, if ony, whice gove rise to immediate couse (a), stating the underlying couse los	DUE TO, OR AS A CONSEQ	UENCE OF		GIVEN IN PART Ito
RECO	on. has been t permit. If ene prior has ows any in	190. DATE OF OPERATION Nov. 28, 197 210. ACCIDENT WAS UNDERLYIN		H OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
ITAL	i. The lossicion.	21g. ACCIDENT WAS UNDERLYIN			RRED (ENTER NATURE OF INJURY IN ITEM)	YES NO
OF V	HYSICIAN: The ding physicion is certificate burial-transit Mental Hygie ar Hem 18 sho	On course was Dicure	OF DEATH	DAY YEAR		
VISION	PP PP Then the the and and sed ced	OR CONTRIBUTING CAUSE OF COLUMN TO THE PROPERTY OF COLUMN TO THE PROPE	21e PLACE OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY STATE
ā	ENDING P ful or offer DR: Affer there os the recent health one I is marked	22a I certify that (I) (this	Minimal grended the deceased from		, 10	. 19.8 (1) we) lost
	1 2 of 5	sow the deceased of obove (1) we) (did) (t	lid not view We body ofter death.	60, and that in my (our) opinion	n death accurred on the date and h	our and from the couses stated
	AL OR ATTEN y the haspital XAL DIRECTOR. detached for us one Dept. of He AT. If Hem 21 is	22b. SIGNATURE	m Aleay	DEGREE ATTENDING PHYSICIAN*	MEDICAL STAFF DIRECTOR PHYSICIAN	10 Jan 81
	TO HOSPITAL (retained by the TO FUNERAL Eshauld be detained that the State ElimphockTant]. If	MARC S	I. LEAVEY I	Osler Drive		on, Md. 21204
	BP	230 BURIAL, CREMATION, REMO (SPECIFY) Cremation		NAME OF CEMETERY OR CREMATORY udon Park Cremator	CITY OR TOWN	ary land state
	DHMH-16 30M 2/80 (VRA 15, 4)	24 FUNERAL DIRECTOR		050 Vork Pond 250 D	ATE REC'D. BY REGISTRAR 210 PL	
		Mack Towson Fo	meral nome, inc. 1	Owson, Ma. 21204 [] []	1 4 1301	777

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STATE OF MARYLAND



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STATE OF MARYLAND

1 - STATE REGISTRAR				CATE OF DEATH	REG. NO		0-5 2
1. DECEASED NAME (TYPE OR PRINT)	FIRST	MIDDLE	(AS	1	20 DATE OF DEATH		Y YEAR Zb. HOUR
	Robert	Alfred		ebigler	January 3,		
3. SEX	4 RACE		5. DATE OF		6. AGE (IN YEARS LAST BIRTI	HDAY) IF	UNDER 1 YEAR IF UNDER 2
Male	Whi	te	June	26,1928 YEAR	52	YRS.	
7a. BIRTHPLACE IST		OF WHAT COUNTRY	? 8.	NEVER MARRIED	9. BALTIMORE CITY OF		
Pennsylv	ania U.	S.A.	WIDOWED		Baltimore	County	7,
10. CITY OR TOWN C		OF HOSPITAL, NURSI	ING HOME OR	OTHER INSTITUTION	12a. USUAL OCCUPATIO		126. KIND OF BUSINES
Dunda1k		Stengel		е	Electrican		lehem Stee
130 STATE	13b. COUNTY	13t. CITY OR TOV	WN 11	3d. INSIDE CITY LIMITS?	13e STREET ADDRESS		
Maryland	Baltimor	e Dundall		YES NO X	1413 Sten	el A	venue
14 FATHER'S NAME	MIDDLE	LAST	1	5. MOTHER'S MAIDEN NA	WE		s LAST
Alfr		Linsebigler	r	Gretta			Piper
160 WAS DECEASED	EVER IN U.S. ARMED FORC	ES? 166 SOCIAL SEC	URITY NO.	7 INFORMANT	ADDRES	S	
Yes	WWII&Kore	a 163-22-9	9025	Mrs. I. Jean	Linsebigler	Same	e as #13.
18 CAUSE OF	DEATH (Enter only one cous	e per line for (a) (b) a	nd (c)			L.	APPROXIMATE INTERV
PART 2 OTHE	PERATION 196. CO	NS CONTRIBUTING TO	100	2	20a AUTOPSY?	20b. IF YES, \	WERE FINDINGS USED NG CAUSES OF DEATH
E .		and a second			YES NO	YES	
OR CONTRIBUTION		ME OF INJURY R A.M. MONTH P.M.	YEAR 19	ZIC HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	IN ITEM 18, PART	T 1 OR PART 2)
(IF EITHER NOTE	CURRED 21e. PL	ACE OF INJURY		21f. LOCATION	CITY OR TOW	'N	COUNTY ST
WHILE AT WORK	AT WORK	ME, STREET, FACTORY OFFICE	FARM, ETC)	SINCE	CHI OK TOW		311
	ot (1) (this hospital) attend	ed the deceased from.	8/	1980		, 19	, that (I) (w
sow the d	eceased alive on	19_		that in (my) (and opinion	death occurred on the do	te and hour a	and from the couses stat
726 SGNATU	my crise [Qrd] not view [De	body (ifter dep)h	70.00	GREE			12 DATESIGNED
Seons	W.L.	- 12	Tul	ATTENDING PHYSICIAN	MEDICAL STAF		115/8
27d PHYSICA	MAME (TYPE OR PRINT)			77e ADDRESS			//
George	J. Richards	. Sr. M.T	0.	G.B.M.C.	Towson, Mary	land 2	21204
	ION, REMOVAL 236. DAT			METERY OR CREMATORY	73d LOCATION	20110 2	
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24 FUNERAL DIRECT		7922 Wise A			TE REC'D BY REGISTRAR		
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DHMH-16 30M 2/80 (VRA 15, 4)

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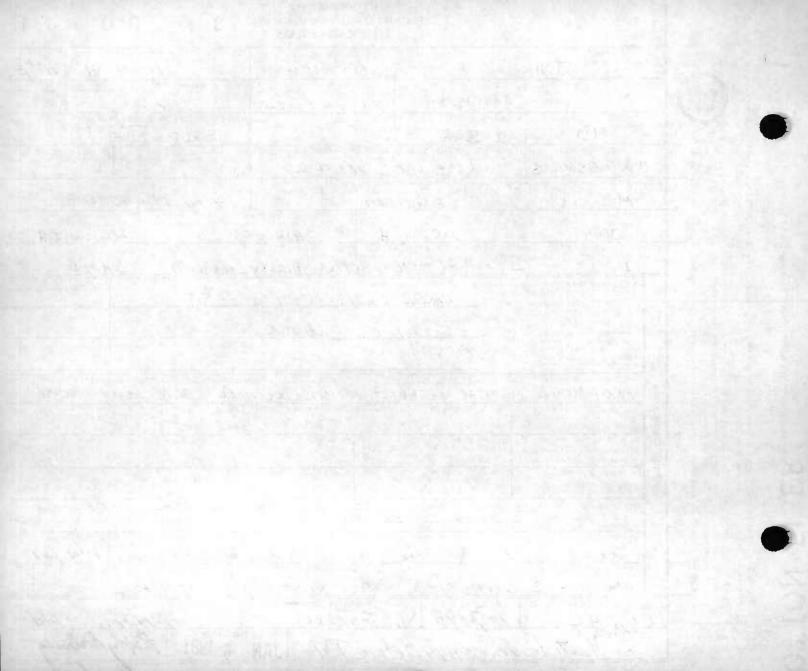
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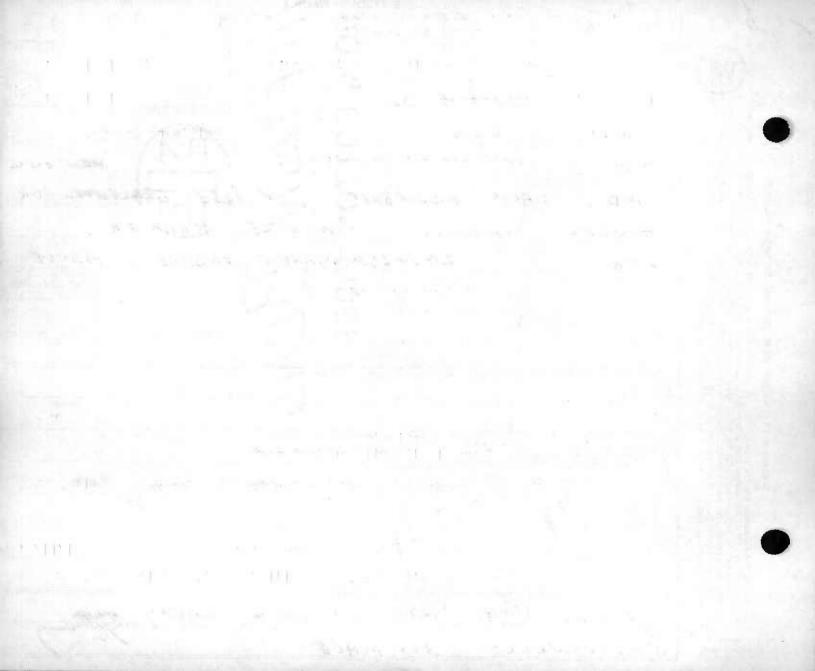
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			STATE OF MARYLAND		
	FOR TATE	DEPA	RTMENT OF HEALTH AND MENTAL HYC	SIENE 8	00531
1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	0.
	(TYPE OF BRIDGE)	IRST MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
1 1	J	OHN H-	LOCKWICH		1 4 81 11:05 M
A Francis	1 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTI	
I CIVIL	L M	a sucksian	1 27 74	4	YRS MONTHS DAYS HOURS MIN
	BIRTHPLACE (STATE OR FORE	IGN 76 CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
Sea mer eat	MD	U.S.A.	WIDOWED DIVORCED	BALTI	MORE MD.
with with	10 CITY OR TOWN OF DEATH	AME OF HOSPITAL, NUF	SING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	ON 126. KIND OF BUSINESS OR
Sol rs of filed	OWINGSMI	NS ROSEWI	DOD CERTER	(TIPE OF WORK FOR MOST OF	(NORMAGENE)
212 hound hour	USUAL RESIDENCE (IF NURI	OTHER INSTITUTION GIVE RESIDENCE BE		113e STREET ADDRESS	
AND 24 h	MD		TIMORES YES . NO .	4/14 I	DAHO AUE.
RYLA vithin vithin 2 sh	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME	1407
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN. The law requires that the death certificate be executed within 24 hours attending physician. Wher this certificate has been signed by the attending physician and completely filled in by as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be file than Amental Hygiene prior to buriol, cremation, or removal. The standard or them 18 shows any injury, or other traumatic event, the medical examinent way be reached or them.	JOHN	Locku			LOCKWICK
ORE,	160 WAS DECEASED EVER IN	U.S. ARMED FORCES? 16b. SOCIAL S	ECURITY NO. 17 INFORMANT	ADDRE	SS
IMORE In and c Pages medica	UO	_ 219-	90-6100 MRS ShIRLEY	Lockwich	SAME
hysicia hysicia papers toval.	18 CAUSE OF DEATH	Enter only one couse per line for (a), (b)	ond (c		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
T., E		MEDIATE CAUSE (6)	10-RESPIRATORY N	HRREST	
ON S h cer ding arba ar re	7813	DUE TO, OR AS A CONSE	OUENCE OF	DIE STATE	
RESTO deat	Conditions, if any, w	hich (1b) SELZ			
the the eman	gove rise to immed couse (o), stating	the DUE TO, OR AS A CONSE	OUENCE OF		
at that the day the ease re	underlying couse	lost (c)			
DS, 20 luires t signed a burio lury, or			O DEATH BUT NOT RELATED TO THE TERM		DITION GIVEN IN PART 1/8
ORDS, require en sign Then par ta bu	o PROFOUN		FLATION, MICROCEP	HALLY , GON	6 - HEART DISEASE
RECO	M 190 DATE OF OPERATIO	N 196 CONDITION FOR WH	CH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
TALRE	PRO POUN 199. DATE OF OPERATIO			YES NO	YES NO
A OF VITA SICIAN: T ag physici certificate certificate entel Hospi frem 18 sh			DAY YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)
ON OF VI	(IF EITHER, NOTIFY MEDICAL E	XAMINER) P.M.	19		
ISION Hendin The bu	(IF EITHER, NOTIFY MEDICALE 21d INJURY OCCURRED WHILE DOT WHILE	(AT HOME STREET FACTORY OFF	CE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOW	N COUNTY STATE
DIVI ING After as the	WHILE NOT WHILE AT WORK	Ш			
O O O E		is hospital) attended the deceased fro	01		, 19 82, that (1) (we) last
ATTEN aspital CTOR d for or d for or 1. af He	obove, (1) (we) (did	olive on		death occurred on the do	ite and hour and from the causes stated
OR A DIRECTOR OR DIRECTOR OCCUPIED OCCU	22b. SIGNATURE		DEGREE ATTENDING	MEDICAL STAF	22c. DATE SIGNED
	adeli	na f. Gutille	2 , 4 D . PHYSICIAN [DIRECTOR PHYSIC	IAND 1/9/81
HOSPITAL ined by th FUNERAL wid be det h the Store	22d. PHYSICIAN'S NAM	0	22e ADDRESS		
O HOSPITA estoried by 170 FUNERAl should be de with the Storied maportants.	ADELINA		M.D ROSE WE		ITER
	230. BURIAL, CREMATION, RE	MOVAL 23b. DATE 2	IL NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
7734 BP	BURIAL	1-1-1981	STINTANISLAUS		SP-16. Md.
DHMH - 16 60M 1/75 (VR A 15 (4))	24. FUNERAL DIRECTOR	ADDRESS	Below Del 180 DAT	E REC'D. BY REGISTRÁR	25b. R. SISTRAR'S SUSNATURE
(14 V 13 (4))	Welli	KINDENUM K LIIILII	ILTAID WELL	h 1.701	Mary 1-1 - 10 - 10 - 10 - 10 - 10 - 10 - 10



- 1,	FOR		r call			ARTMEN	STATE OF HEA	TH AND	MENTAL	HYGIEN	1 5		n	0	15	-3	2
		SED NAME	6/81 ka	m	MEDIC		MINER'	S CERT	IFICATE	OF DE	ATH '	REG.	_	<u> </u>	DAY	YEAR	63-40
	(TYPE OR		Rober	-+		ssell		Lor	bardi		20. DATE OF DEATH	ESTI- MATED		hth 1	1019	81	26. HOL
1	SEX		RACE	5. DATE OF	DAY	YEAR LAS	E (IN YEARS II	UNDER I	YR. IF UNDE	R 24 HRS.	2c. DATE PRONOUN DEAD	ICED	MÓN	ii e	DAY	YEAR O.1	2d. HOI 4:1
-	Ma I of BIRTH	PLACE (STATE		76. CITIZEN	OF WHAT				NEVER MAR		9. BALTIM	ORE CITY	_				<u> </u>
10		OR TOWN OF		II. NAME C	S A DE HOSPITA SUCH FACILITY, ed are	L, NURSING GIVE STREET AD	HOME, OR	OWED L OTHER INS	MOITUTITE	12a. US	Balt UALOCCUE MOST OF WOR		TYPE OF WO	ORK 121	V. Zb. KIND C OR INI	DUSTR	Y
		SIDENCE (IF I	N NURSING HOME O	OR OTHER INSTITU	TION, GIVE RES		ADMISSION)	13d. IN	SIDE CITY LIMITS?,	13e STF	REET ADDRE	ss 151	RAC				OR
	E	ER'S NAME FIRST		MIDOLE	BAL	PO 1		15. M	OTHER'S MAIL	DEN NAMI	E	RAN			LAST		
16	(YES, N	DECEASED E O, OR UNKNOWN	VER IN U.S. AR/) (IF YES, GIVE	MED FORCES WAR OR DATES)	? 16	b. SOCIAL SE			ARG 1	E L	emB/	ADDRE	SS /	-	AB	ov	E
		gave rise cause (a) sta lying couse	if any, which to immediate sting the under-	(b) DUE 1	TO, OR AS A	A CONSEQU A CONSEQU OT RELATED TO	ENCE OF	SEASE DR (DI	NOITION GIYEN IN	PART 1 (u).							
	TIFICATION	DATE OF OF	PERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?						20 AUTOPSY?			NO []				
	ICAL C	DERLYING ONTRIBUTING INJURY OCC HILE	OR CAUSE OF	DE ATH	? MAK	JURY (AT F	19 81 IOME. 211	SUD LOCATIO	juryoccur ject sh on ew Sect	10†	CITY OR TO	WN		COUN		M	STATE
	e Ac		hat I topilycharg	pe of the remo	1 4 /	Jen D	Suicide	TII	Homicide T TLE (SPECIFY) PPUTY C	Chiefer		onner _	ond in m	ATE		/11	/81
2	(T	AMINER'S NA	ON, REMOVAL		mas D.	Smit	h, M.[ADDR	ESS	Penr	OCATION	Bal	ito.				
	{SPEC	BUR ERAL DIRECTO	IAL	1/14/	81		DENS			MN 1	Y OR TOWN	470 10 25a RE	GISTA	COUNTY	10.	ST	ATE
ľ		ME	ONNE	ELLI	ADDRESS	300	OM	ACE			ATABASTAN	900	~	/	1	1	_



	S1	A	TE	Of	M	ARY	LAND
TARRAT		E	-		TH	AMP	MINE

1-	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	0	0	5 5 5
	EASED NAME	Alice	M.	Lopez	U	AST	January	2, 198:	YEAR	12:25A
3 SEX	emale	4 F	Whi:	te	S DATE C	27, DA 1900 EAR	6. AGE (IN YEARS LAST BIRTI	YRS.	UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
	THPLACE (STATE OR FO	DREIGN 76	U. D. M.			DEVER MARRIED DEVER DIVORCED	Baltimore County Baltimore County			MD
Co	Y OR TOWN OF DEA		11. NAME OF HOSPITAL, NURSING HOME OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 10503 Gateridge Roa				126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife			OF BUSINESS OR
13a S	LRESIDENCE (IF NURS TATE ryland	136 COUNTY Baltin		13c. CITY OR TOW	N	134. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13. STREET ADDRESS 10503 Gate	ridge	Road	
14. FA	John	Power		LAST		15. MOTHER'S MAIDEN NA FIRST Margar	et Dunn		LAS	51
	AS DECEASED EVER s, no or unknown)	IN U.S. ARMEI		21.3 05	3589	Jeseph Lope:	z San			
	PART I. DEATH W	H (Enter only of AS CAUSED B -IMMEDIATE C	Y: CAUSE (a)	Cerebr	se	Vascular	Disease		BETWEEN I	MATE INTERVAL ONSET AND DEATH
	Conditions, if any, gove rise to improve (a), statin underlying cause	nediote ig the	(b)	R AS A CONSEQUE						
NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN									01
CERTIFICATION	19a DATE OF OPERA	TION	196 CONDITION FOR WHICH OPERATION						IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO	
EDICAL CER	218. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEATH		DE INJURY .M. MONTH D. .M.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	I OR PART 2)	
MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)		211 LOCATION STREET CITY OR TOWN		'n	COUNTY STATE		
	22a.1 certify that (1) saw the decease above,	ed olive on	Sunt	15 19	80,01	nd that in (my) (our) opinion	death occurred an the do	19. te and hour o		that (I) (we) last couses stated
	226. SIGNATURE	reedor	So	edgue	J	DEGREE MD ATTENDING PHYSICIAN	MEDICAL STAI		221. DATE	SIGNED
	224. PHYSICIAN'S NA	AME (TYPE OR PR	INT)			22ª ADDRESS				11-1-11

BP.

DHMH-16 25M (VRA 15, 4) 1/79

IMPORTANT: If Item 21 is marked or Item 18 shows

24 FUNERAL DIRECTOR Burgee Funeral Home

230. BURIAL, CREMATION, REMOVAL BURIAL Jan. 1981

236. DATE

Dr. Sheldon Goldgeier

Meadowridge Mem. Park 3631° Falls Road 21211

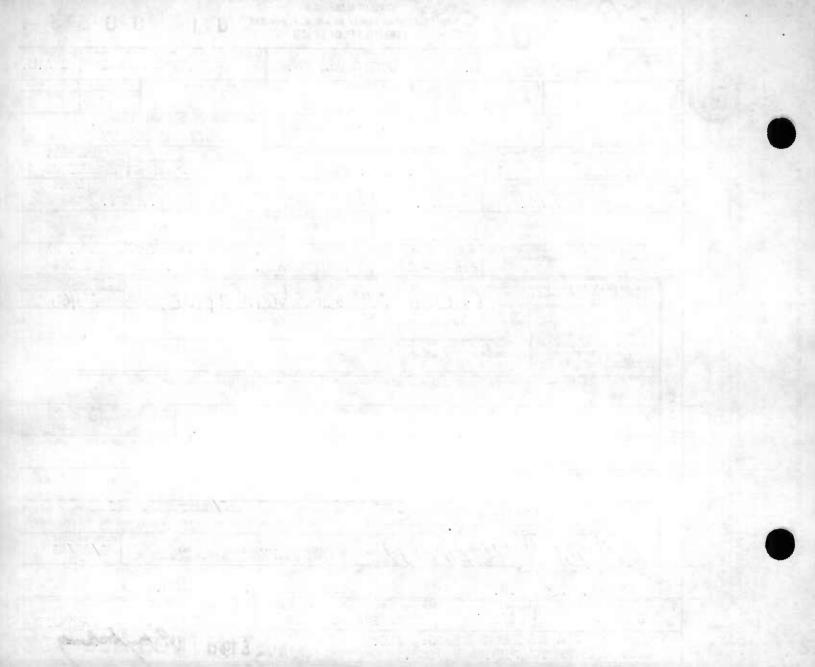
711 W. 40th Street 234 NAME OF CEMETERY OR CREMATORY 234 LOCATION CITY OR TOWN Dorsey,

Baltimore, Md. STATE COUNTY Howard

Maryland

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	3,14				

	1	FOR - STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 0 5 3 4						
		REGISTRAR CEASED NAME FIRST	MIDOLE			AST DEATH	REG. NO		YEAR 2b. HOUR
9 / E		CEASED NAME FRIST LeRoy	H.			ENTHAL, SR.		23, 198	
4 may be	3 SE	X 4	MC		DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRTH	MONTHS	
Page		MALE	WHITE		JUNE 28,1900		80		
E 154 200		RTHPLACE (STATE OF FOREIGN 7h)	CITIZEN OF WHA	T COUNTRY?	MARRIED	NEVER MARRIED	BALTIMORE CITY OF		
funeral funera		MARYLAND	USA		WIDOWE		BALTIMORE COUNTY		
by the fued within		BALTIMORE			DRESS)		126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY VICE PRES./DIRECTOR SAVINGS		
9 4 5	ÚSU	AL RESIDENCE (IF NURSING HOME OF O			DMISSION)		130. STREET ADDRESS LOAN		
filled i		MARYLAND BALT					7 SLADE A	AVE., APT	. 514 #:
withi		ATHER'S NAME				15 MOTHER'S MAIDEN NAM			
omplete		MOSES				FIRST MINNIE MIDDLE			ROSE
9 0- E		WAS DECEASED EVER IN U.S. ARMI	(AR OR DATES)	SOCIAL SECURI			S. FLORA ADOW		APT. 51
n and Pages	1	NO	21	⊨ 9-32-12	01	7 SLADE AVI	E. BALTO	O., MD	21208
i death certificate ttending physician e carbon papers. ion, or removal. r traumatic event.		PART I DEATH WAS CAUSED IMMEDIATE Conditions, if any, which	BY.	hronu	1	gennative 500	in diseas	0	TWEEN ONSET AND D
equires that the signed by the att please remove burial, crematicinjury, or other		gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS			NOT RELATED TO THE TERMI	NAL DISEASE OR CONE	DITION GIVEN IN P	ART 1(o)
The any	TION	19a DATE OF OPERATION	Delight.	1% CONDITION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY? 200 IF YES, WERE FINDINGS USED	
The sho	AL CERTIFICATION	148 DATE OF OPERATION	THE CONDITION	TOX WINE!	CKATIO		YES NO	IN CERTIFYING C	AUSES OF DEATH
HYSICIAN: 1 physician. iis certificate hial-transit per ial-transit per fental Hygien or Item 18 sh		21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M.	MONTH DAY	YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR P	AR† 2)
	MEDICAL	214 INJURY OCCURRED	21e PLACE OF IN	NJURY		211 LOCATION		/N COUN	NTY STA
NDING PP attending R: After th as the bur alth and M	¥	WHILE NOT WHILE THE AT WORK	(AT HOME, STREET, F	ACTORY, OFFICE, FAR	M, ETC.)	STREET	CITY OR TOW	'N COUP	NEY STA
TTE IN OR USE 121		220.0 certify that (1) (this hospito sow the deceased olive on_abave, (1),(we) (did))(did not)	January	700	June II, or	d that in (my) (our) opinion o	to January leoth accurred an the do		, that (I) (w
PITALOR AT by the hospite ERAL DIREC edetached for State Dept. of ANT: If Item		226. SIGNATURE	Maria	nu)	2		Y MEDICAL STAF DIRECTOR PHYSIC		1/23/81
SPIT by LER.		224 PHYSICIAN'S NAME TYPE CO	3111			22. ADDRESS 611 PARK A	DATE DATE	mo 10	
ained ained PUN build b th the		JOHN J. MANN,	M.D.			OII PARK A	VE. BAL	TO., MD	
TO HOSPITAL TO FOURTHAL TO FUNE HEAL should be deteat with the State IMPORTANT:			236. DATE 1/25/8	1 OF	HEB S	EMETERY OR CREMATORY	VE. BAL 234 LOCATION CITY OF TOWN BALTIMO RECUD. BY REGISTRAR	COUNTY	MARYLAN



.3	1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	0 0	3 3 5			
oth oth			RICHARD MIDDLESAMUEI	LUCAS	2a. DATE OF DEATH M	AN 25 19	81 845 PM			
brector, page 3 surs after death	3. SE)		4. RACE	5. DATE OF BIRTH MONTH DAY MAY 13 05	6. AGE (IN YEARS LAST BIRTHI					
22 h	(RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY	COUNTY OF DEAT	OF DEATH NOTY MD					
by the	10 CI	3 ALTO. W. MD	(JENOT IN SUCH FACILITY, GIVE STREE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IGNOT IN SUCH FACILITY, GIVE STREET ADDRESS) VMLEY NRSING + (ONUNLES CENTRALE STEEL WORK FOR MOST OF WORKING LIFE) VMLEY NRSING + (ONUNLES CENTRALE STEEL WORK FOR STEEL WOR						
filled in auld be	USÜ. 13a. S	TATE TIEL COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO INTY 13t. CITY OR TOV A2+0 Essex	VN 13d. INSIDE CITY LIMITS? YES NO X		21221 NAR LY	N AVE			
	14. FA	HER'S NAME FIRST Harry Thomas Lucas 15. MOTHER'S MAIDEN NAME FIRST Olive Marie Miller								
an ond co		WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO OR UNKNOWN) NO OTHER STREET OF THE SAME ADDRESS Anna F. Feit Same								
physicis on poper: emovol. event, th			only one cause per line for (a), (b), a ED BY: ATE CAUSE (a) ADWLT	nd (c).) DIABÉTES M	LLITUS	BETY	PPROXIMATE INTERVAL WEEN ONSET AND DEATH			
by the ottending se remove corbo I, cremotion, or re other troumotic e		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU							
hen pled to burio njury, or	NO		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR COND	ITION GIVEN IN PA	ART 1(a)			
sit permit. T	CERTIFICATION	190. DATE OF OPERATION		H OPERATION WAS PERFORMED	20a. AUTOPSY? YES NO NO	20b. IF YES, WERE F IN CERTIFYING CA YES				
Mental Hygiene por Item 18 shaws o		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	EATH HOUR A.M. MONTH	DAY YEAR 19	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PA	(RT 2)			
Arrer rins of se as the bur solth and Me morked or it	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 21f. LOCATION STREET	CITY OR TOW	N COUN	NTY STATE			
for use of Heal		sow the deceased alive a	pital) of ended the deceased from 19 not) view the body after death.	, and that in (my) (our) opinion	death occurred on the dat					
		22b. SIGNATURE	n K. Dyal		MEDICAL STAFF	1	126/H			
should be defined that the State		22d PHYSICIAN SNAME (TYPE	. DYM	8501 LASA	100	AN MOZUN	21104			
	-	Burial, Cremation, Remova SPECIFY) Burial	2 00 02	NAME OF CEMETERY OF CREMATORY Olly Hill Mem. Garde			y, Maryland			
30M 2/80 5, 4)		JNERAL DIRECTOR Fune	ral Home PA 140	7 Old Eastern Ave.	JAN 27 198	B1	Ay Melred			

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ADDRESS

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CONNELL

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

DHMH-16 30M 2/80

(VRA 15, 4)

Experience of the second of th

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- STATE REGISTRAR

	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		8	REG. N	10.	0	0	5
Elwood	Vernon	Lyon, Sr.		anua		MONTH 17,	19		EAR
4 RAC	E	5. DATE OF BIRTH	6. AGI	(IN YEAR	S LAST BE	RTHDAY)	IF.	UNDER	YEAR

. DECEASED NAME 7h HOUR TYPE OR PRINTS SEX IF LINDER 24 HRS December 17, 1899 Male White 81 O BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland WIDOWED DIVORCED Baltimore County. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR 206 Warren Road (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Cockeysville Master Plumber | Plumbing 13e. STREET ADDRESS Maryland Baltimore Cockevsville 206 Warren Road NOX 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Manie Wilhelm George Deems Lyon ADDRESS 16h SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Elwood V. Lyon, Jr. 207 Glenmore Avenue No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY Heart failure IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF G. I. Bleeding 2 months gave rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause Gastric malignancy 2 months PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION Chronic obstructive pulmonary disease 19a, DATE OF OPERATION 19h, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX NO [210 ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram Sept. 19 80 and that in (my) (Xr) opinian death accurred on the date and have and from the couses stated sow the deceased alive an_ obave, (1) ((did) (did) (did) view the body ofter death 22h SIGNATURE EGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Dr. Donald O. Wood York & Greenmeadow Dr. Timonium, Md.

Cockeysville, Balto. Co., Md. Burial Dulaney Valley Cem. 1/20/81 DHMH-16 30M 2/80 (VRA 15, 4)

23b. DATE

23a BURIAL, CREMATION, REMOVAL

250. DATE REC'D, BY REGISTRAR 256. REGISTAR'S SIGNA LIDE Lowell Lemmon, 10 W. Padonia Road, Tim.

23c. NAME OF CEMETERY OR CREMATORY

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN 2b. HOUR MONTH DAY (TYPE OR PRINT) OF ESTI-ORRAINE 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR. 3. SEX IF UNDER 24 HRS MONTH 2d. HOUR DATE LAST BIRTHDAY) PRONOUNCED 82 YRS DEAD 7a BIRTHPLACE (STATE OR WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY DIVORCED WIDOWED FILED, W. ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY FOR MOST OF WORKING LIFE) LOVT. SHOULD BE BE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY 13a. STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS ESSET NO Z PAGES 1 AND 2 S DIVISION OF VITAL 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE ULD 160 WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16h. SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 10 CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) DUE TO, OR AS A CONSQUENCE AND MENTAL HY Conditions, it any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? OF BURIAL YES NO BE. 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING 0 MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN COUNTY STATE 220. I certify that I took charge of the remains described above, held an Autopsy and in my opinion DIRECTOR death resulted fram: Accident Suicide Hamicide Undetermined manner DATE PAGE 4 SHOU TO FUNERAL I AFTER DEATH, BALTIMORE, M. DEATH, SIGNED EXAMINER'S NAME (TYPE OR PRINT) 23d. LOCATION COUNTY STATE BP. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 125b. RESISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) 15M 7/77

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Pasadena.

Mc ("ully F.H. Mountain & Tick Neck Rds. 21122

25a. DATE REC'

JAN

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

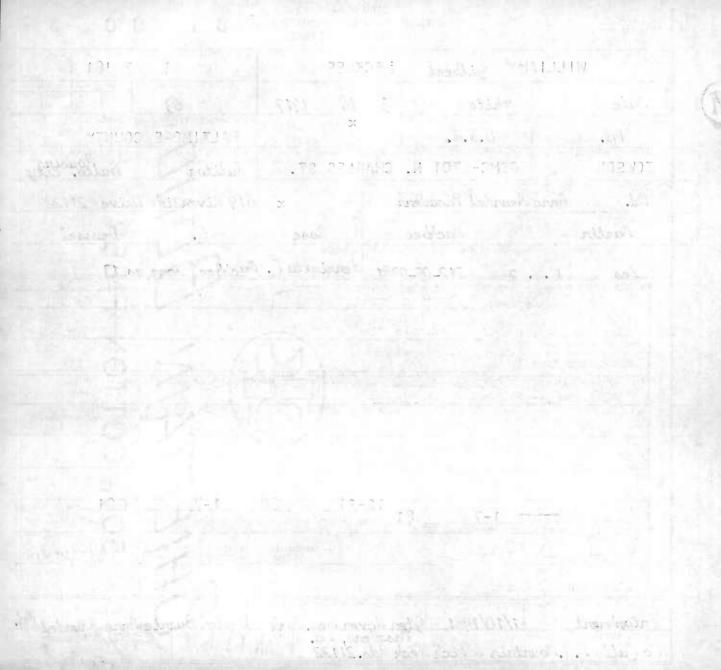
FOR

REGISTRAR

- STATE

DHMH-16 30M 2/80

(VRA 15, 4)



1 - STATE REGISTRAR		DEPART		EALTH AND MENTAL HY ICATE OF DEATH	GIENE B REG. NO	Q (0 3	4 0
1. DECEASED NAME (TYPE OR PRINT)	Julia	Marie	-	acKessy		month DAY	1981	8:00 a
y 3. SEX	4. RACE	W	5. DATE O	F BIRTH . 5 96	6 AGE (IN YEARS LAST BIRT	HDAY) IF UN	HS DAYS	IF UNDER 24 HRS HOURS MIN.
70 BIRTHPLACE STATE O	Th CITIZEN USA	OF WHAT COUNTRY?	8 MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CITY O	RCOUNTY OF		MD,
10 CITY OR TOWN OF E	e St.	OF HOSPITAL, NURSIN N SUCH FACILITY, GIVE STREET Joseph's N	NG HOME C	R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST O housewife		2b. KIND OF NDUSTRY	F BUSINESS OR
USUAL RESIDENCE (IF N	13b. COUNTY	OTION, GIVE RESIDENCE BEFORE 13c. CITY OR TOV Baltim	e ADMISSION)	13d. INSIDE CITY LIMITS? YES 😡 NO 🗍	1335 STREET ADDRESS Wilker	as Ave.(21229)
14 FATHER'S NAME FIRST John	MIDDLE	Barran	ger	15. MOTHER'S MAIDEN N	AME		LAST	
	ER IN U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE	ES? 166 SOCIAL SECT	JRITY NO.	St. Joseph	s N.H., 1222			
18 CAUSE OF DE	ATH (Enter only one couse WAS CAUSED BY: IMMEDIATE CAUSE (c	MAIN	Car	Din Bri	ash arto	rinda	BETWEEN	MATE INTERVAL ONSET AND DEATH
Conditions, if a gove rise to couse (a), strunderlying co	DUE TO	O, OP AS A CONSEQU	viese	n Colla	ase Phoe			
PART 2 OTHER S	Clarky (erely	al O	NOT RELATED TO THE TEN	20	DITION GIVEN I		
190 DATE OF OPE	RATION 196 CC	ONDITION FOR WHICH	OPERATIO		20a. AUTOPŠÝ? YES NO	IN CERTIFYING	G CAUSES	
	CAUSE OF DEATH HOU	ME OF INJURY R A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1	OR PART 2)	
WHILE IN NO		ACE OF INJURY ME, STREET, FACTORY, OFFICE,	FARM, EIC.)	21f. LOCATION STREET	CITY OR TO	ONN	COUNTY	STATE
vn ,	(I) (this hospital) attended eased alive an e) (did) (did not) view the	7 3 / -		nd that in (my) (aur) apinio	n death accurred on the d	te and hour an	d from the	that (I) (we) last causes stated
TAN SIGNATURE	zebh E	Muse	2	ATTENDING PHYSICIAN	MEDICAL STA		1/2 1/2	3/8/
9 E	n E. Muse, J	r. MD.	0	Wilkens and	Pine Height	s Avenu	ie	
(SDECIEV)		6/81 Ba	1timor	emetery or cremator e Natl. Ceme	tery Baltin	nore		ryland
24. FUNERAL DIRECTOR NAME Hubbard Fun	neral Home,	ADDRESS		Md. 21229 _{250. D}	AN 26 1981	25b REMSTRAK		Ture Tready

STATE OF MARYLAND

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Leonard J Ruck Inc. Baltimore, Maryland

MIDDLE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

26 HOUR

12b. KIND OF BUSINESS OR Carrier

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

STATE

198

IF UNDER 1 YEAR

Same

YES [

250. DATE REC'D. BY REGISTRAR 256. REGIS RAR'S SIGNATURE

JAN

COUNTY

22c. DATE SIGNED

Md. 21204

2a. DATE OF DEATH

FOR

REGISTRAR

24. FUNERAL DIRECTOR

DHMH - 16 50M 1/76

(VR A 15 (4))

I. DECEASED NAME

- STATE

(TYPE OR PRINT)

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JAN - 1981 PARMARA

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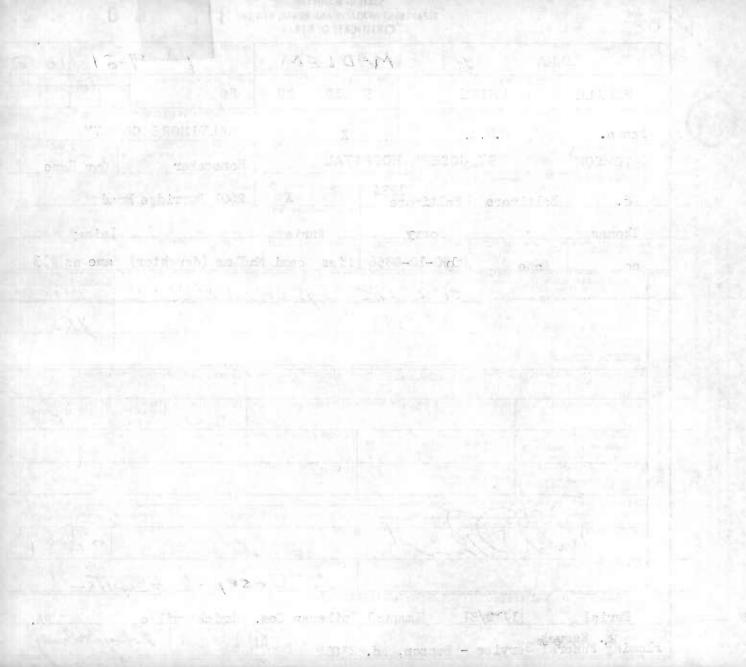
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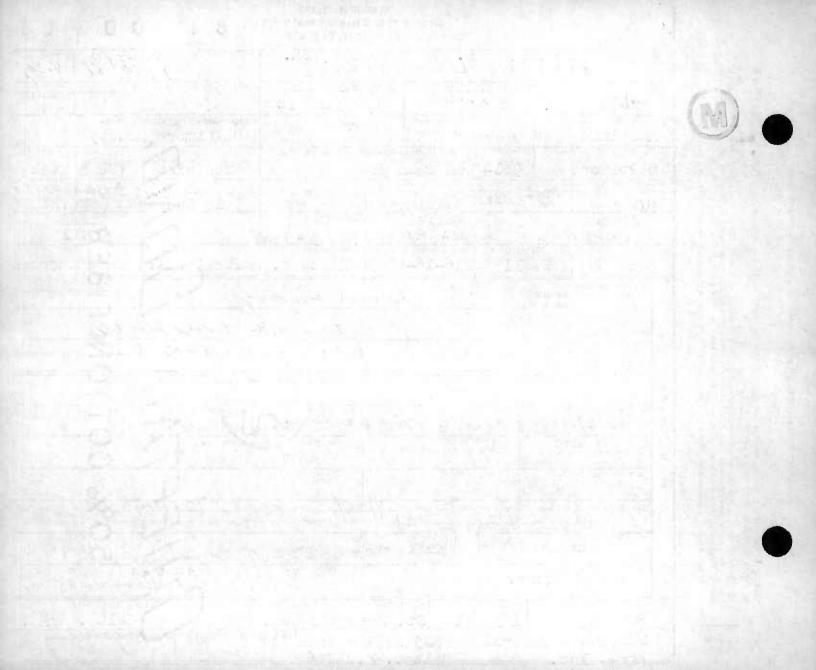
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N. L.	FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	REG. NO.	054
	ECEASED NAME FIRST PE OR PRINT) EMMA	B.	MADLEM	20. DATE OF DEATH MONTH	7-8-1 26. HOUR
3. Si	FEMALE 4 F	RACE	5. DATE OF BIRTH 0°0" 0°0"	6. AGE (IN YEARS LAST BIRTHDAY) 80	IF UNDER 1 YEAR IF UNDER 2
70. 8	BIRTHPLACE (STATE OR FOREIGN 76 COUNTRY) Penna.	CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED NUMBER MARRIED NOVEL 1	9 BALTIMORE CITY OR COUNTY BALTIMORE	TY OF DEATH
10. c	TOWSON 11.		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Homemaker	12b. KIND OF BUSINES INDUSTRY Own Home
B USU 13a.	JAL RESIDENCE (IF NURSING HOME OR OTH STATE 13b. COUNTY	13c CITY OR TOOM	1234 134 INSIDE CITY LIMITS?	13e. STREET ADDRESS 2601 Burridge	
14. F	ATHER'S NAME FIRST MIDE TROMAS		15 MOTHER'S MAIDEN NA FIRST Annie		LAST Lei sev
ned.	WAS DECEASED EVER IN U.S. ARMEI (YES, NO OR UNKNOWN) (IF YES, GIVE WA	FORCES? 166 SOCIAL SECL	IRITY NO. 17. INFORMANT	ADDRESS Addlem (daughter	
event, the	18 CAUSE OF DEATH (Enter only of PART I, DEATH WAS CAUSED B	1 P 1 2 8	d (c) :	y 5 14 W 11	APPROXIMATE INTERVI
troumotic	Conditions, if any, which	DUE TO, OR AS A DESEQUI	ENCE OF		VRS
other other	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	ENCE OF		
ony injury, or	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	inal disease or condition o	GIVEN IN PART 110
18 shows ony injur	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH YES NO
-//	2)g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D, P.M.	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM)	B, PART 1 OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	21f LOCATION	CITY OR TOWN	COUNTY STA
21 is mor	22a.1 certify that (I) (this hospital)	19_	, and that in (my) (our) opinion	, to death occurred on the date and h	our and from the causes state
Te Depr. or	27h. SIGNATURE	19/2	DEGREE ATTENDING PHYSICIAN I	MEDICAL STAFF	221. DATESIGNED
with the State [224. PHYSICIAN'S NAME (TYPE OR PRI	NT)	22e. ADDRESS	SEDH'S HO	soital
23a.	BURIAL, CREMATION, REMOVAL	3b. DATE 23c. 1	NAME OF CEMETERY OR CREMATORY	23d LOCATION	34114
	(SPECIFY)	- / / -	anual Lutheran Cem	CITY OR TOWN	COUNTY ST
76 24 F	UNERAL DIRECTOR NAME H. Barnes Leming Funeral Se	ADDRESS	25a. DAT	EREC'D. BY REGISTRAR 256. RES	



	1 /			STATE	OF MARYLAND			
. 1	1-	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYG	IENE 8 REG. N	00	5 4 3
r		CEASED NAME EHNES	ST L.	MAI	FFEI, JR.		MONTH 24 8 1	26 HOUR 4.30/M
1	3. SEX	Male	4. RACE White	S. DATEO	24 24 24	6. AGE (115) GRS LAST BIR	THOAY) IF UNDER 1 YEAR MONTHS DAYS	R IF UNDER 24 HRS
5	Ŋ	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	A Men COUN	A MARRIED	NEVER MARRIED DO DIVORCED		re County	MD.
0	E	Baltimore	11. NAME OF HOSPITAL, NU 18 NOT IN SUCH FACILITY, GIVES 9619 Dun da	wan Roa	R OTHER INSTITUTION	OCCUPATE OF WORK FOR MOST OF MACHINI	F WORKING LIFE) INDUSTRY	Steel
3	USUA 130 S	AL RESIDENCE (IF NURSING HOME OF TATE 136 Bay	ROTHER INSTITUTION GIVE RESIDENCE IN THE PROPERTY OR	town imore		13e. STREET ADDRESS 9619 Du		awan Re ad, 21236
3	14. FA	ERNEST	Maff MAF	ei F <i>EI</i>	15. MOTHERS ASSESSIVE NAME OF T. SY	MIDDEL	Ros	
1		VAS DECEASED EVER IN U.S. AF		6-4803	Alice E.	Maffei, w		address
	ION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONS (b) Canced DUE TO, OR AS A CONS (c)	EQUENCE OF	ectum with	itoreal me	tastasis	l(o)
2	CERTIFICATION	190. DATE OF OPERATION 12/4/1980			was performed in the liver in store	20a. AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH?
9	MEDICAL CEI	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)	
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
			11 -0	19 8 1, on	2 6 , 19 S G d that in (my) (our) opinion o	eoth occurred on the de	ote and hour and from th	
		22b. SIGNATURE	2 of dime	ar m. b	PHYSICIAN L	MEDICAL STAI	FF 1/3	30/8/
1		M'S DI DOL	DR PRINT)		22 SU . 4		altimore n	1 d 2 1201
	- (Burial, cremation, removal Burial	1/31/81		metery or crematory seph's Cem.	23d. ŁOCATION CITY OR TOWN	Balto	
	24. FL	Schimunek Fi Home. Inc.	ıneral 976	5 Bela	II Itouda	REGID. BY REGISTRAR	25h. Achie Man G. P. Carlot	Cartary



Fleming Funeral Service - Benson, Md. 21018

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DHMH-16 30M 2/80 (VRA 15, 4)

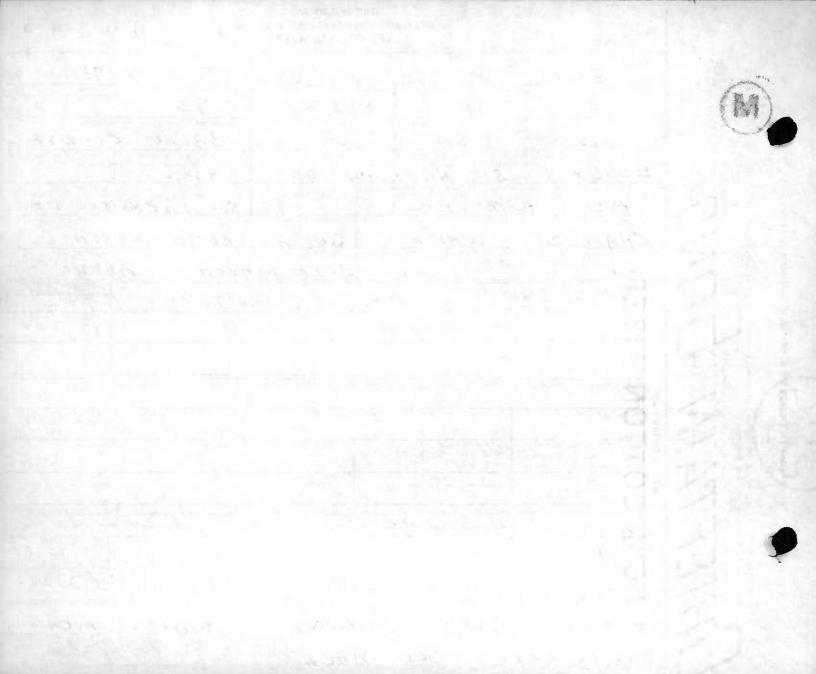
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

O described to broke in the Biologica de Celebratio III attabata de Josephia e 2009-11-2007 Tree at the state of the state The same Engrand Services - Senence, No. - 1000 | 1001 | 1001 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1

	REGISTRAR DECEASED NAME TYPE OR PRINT)	FIRST		MIDDLE	LAST	20. DATE KNOW	EG. NO.	DAY YEAR	26 HC
ET,		Patr	icia	R.	Manning	OF EST DEATH MAT	ED [10 1981	
3. Si	Female 4.	White	7-9-33		FUNDER LYR. IF UNDER	24 HRS. 20 DATE MIN. PRONOUNCED DEAD	HINOM	10 1981	28 HC
7a P	BIRTHPLACE (STATE FOREIGN COUNTRY)	Pa.	76. CITIZEN OF W	TICA	ARRIED NEVER MARR		ore Coun		
	CITY OR TOWN OF Randalls †	own	Baltimore	SPITAL, NURSING HOME, OR ICILITY, GIVE STREET ADDRESS) e County Gener		12a. USUAL OCCUPATIO FOR MOST OF WORKING U HOUSEWI	N (TYPE OF WORK	OR INDUST	
	STATE Md.	Balt Balt	OTHER INSTITUTION, GI	ve residence before admission) 11. CITY OR TOWN Reisterstown	13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS Bond	lcrest D	rive	
0	FATHER'S NAME Williar		MIDDLE	Jones	15. MOTHER'S MAIDE Cather	rine	Wadoc	k LAST	
16a.	WAS DECEASED E IYES, NO, OR UNKNOWN NO	VER IN U.S. ARM) [IF YES, GIVE W		166. SOCIAL SECURITY NO 164-28-1552		F. Manning	Reist	erstown,	25.4
	PARTIDEAT 498 Conditions,	IMMEDIATE if ony, which	BY: E CAUSE (o) CO	for (a), (b), and (c).) ngestive Hear AS A CONSEQUENCE OF				APPROXIMATI BETWEEN ONSE	E INTERVA
ICATION	PART I DEAT 408 Conditions, gave rise cause (o) ste lying cause	IMMEDIATE if ony, which to immediate ating the under- lost.	BY: E CAUSE (o) CO DUE TO, OR (b) DUE TO, OR (c) DATRIBUTING TO DEATH	ngestive Hear	t Failure	RT 1 (a).		APPROXIMATI BETWEEN ONSE	E INTERVAL T AND DEA
MEDICAL CERTIFICATION	PART I DEAT 498 Conditions, gove rise couse (a) ste lying couse PART 2 DTHER SIGNII 19a. DATE OF OI 21a. EXTERNAL	IMMEDIATE if ony, which to immediate atting the under- lost. ICANT (ONDITIDNS (CONDITIONS CONDITIONS CONDITI	BY: E CAUSE (o) DUE TO, OR (b) DUE TO, OR (c) DITRIBUTING TO DEATH 19b. CONDT 21b. TIME OF HOUR A.M EATH P.M 21e. PLACE C	AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINAL D TION FOR WHICH OPERATIO FINJURY MONTH DAY YEAR 19	t Failure			APPROXIMATI BETWEEN ONSE 20 AUTOPSY YES [X	E INTERVA

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH YEAR 7h HOUR TYPE OR PRINTI 8 THEL 3. SEX 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS Ta. BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COLINTRY COUNT WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HSWE WOULD RESIDENCE UP NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 113b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? RIVERSIDE 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST BL8005 16n WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT BALTIMORE (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) ABOVE UNK APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) W. PRESTON ST. Canditians, if any, which otte gave rise to immediate couse (a), stoting other DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. 301 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 DIVISION OF VITAL RECORDS, CERTIFICATION 0 prior 19a DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? Hygiei NO YES NO [Hem 18 sho 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 20 214 INJURY OCCURRED 21s. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased frame saw the deceased alive an and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 276. SIGNATURE DEGREE 22c. DATE/SIGNED ATTENDING = MEDICAL STAFF be deto FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 22d PHYS CIAN'S NAME 22e ADDRESS should be with the S 23a. BURIAL, CREMATION, REMOVAL 236. DAT 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE RKWOOD BY REGISTRAR 256 PEGISTRAR'S SIGNATURE DHMH-16 60M 1/73 CONNELL (VR A 15 (4)) 300



RAITO

STATE OF MARYLAND

FOR

(VRA 15, 4) 1/79

6010 REISTERSTOWN RD

FRANKE MAGERIN VAN 11, 1917 WES

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 REG. P	O	0 (3	4	8	
		CEASED NAME FIRST	MI	DDLE	L	AST	2a. DATE OF DEATH	MONTH	DAY	YEAR	26 HOL	JR .	
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	3. SE		4. RACE		S. DATE C	F BIRTH	6. AGE (IN YEARS LAST B		IF UNDER		IF UNDER		
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1	E	England	Englai	nd	WIDOWE	X	Baltimore County						
3		Perry Hall	5 Whit	EACHITY, GIVE STRE	ace	r other institution	120 USUAL OCCUPA (TYPE OF WORK FOR MOST Office	OF WORKING LE	FE) IND	KIND O USTRY	FBUSIN	ESS OR	
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3	14. FA	THER'S NAME Lyall A	MIDDLE	Joyce		15. MOTHER'S MAIDEN NAM	ME $G^{ ext{MIDDLE}}$		Whit	e LAS	ı		
		VAS DECEASED EVER IN U.S. A		66. SOCIAL SEC	CURITY NO.	17. INFORMANT	ADDI	ESS					
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	-	Goografe J	Richards	Jr		22e ADDRESS 6701 North	Charles St	Balti	more	, M	d		
		BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNT			STATE	
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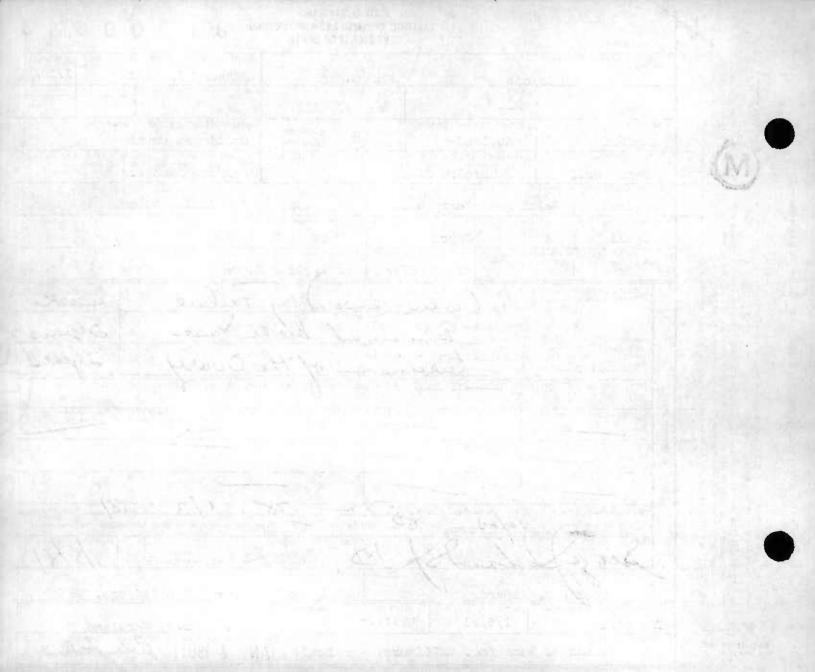
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DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR NAME Leonard J Ruck Inc. Ballimore, Maryland

250. DATE REC'D. JAN

BY REGISTRAR 256. REGISTRAR'S SIGNATURE
7 1981



Bruzdzinski Funeral Home PA 1407 Old Eastern Ave. AN

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

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(VRA 15, 4)

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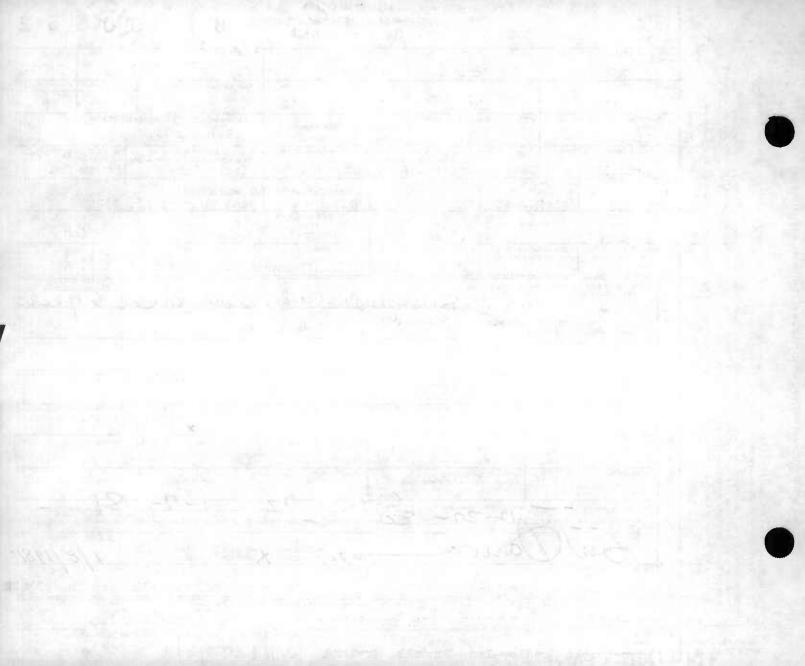
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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(VRA 15, 4)

STATE OF MARYLAND

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FOR

REGISTRAR

- STATE

BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Beth. Steel 3132 Texas Avenue LAST Calhoun Anna M. McCoy 3132 Texas Avenue Baltimore. Mc APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 COUNTY STATE and that in (my) (our) opinion death occurred on the date and haur and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Jan 16, 1981 Towson. Maryland 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION CITY OR TOWN (SPECIFY) Belair Memorial Gard Harford Co. Md. Jan 17, 1981 Belair Burial 24 FUNERAL DIRECTOR Funeral Homes, Inc. 7110 Belair Road DHMH-16 30M 2/80 (VRA 15, 4) Baltimore, Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

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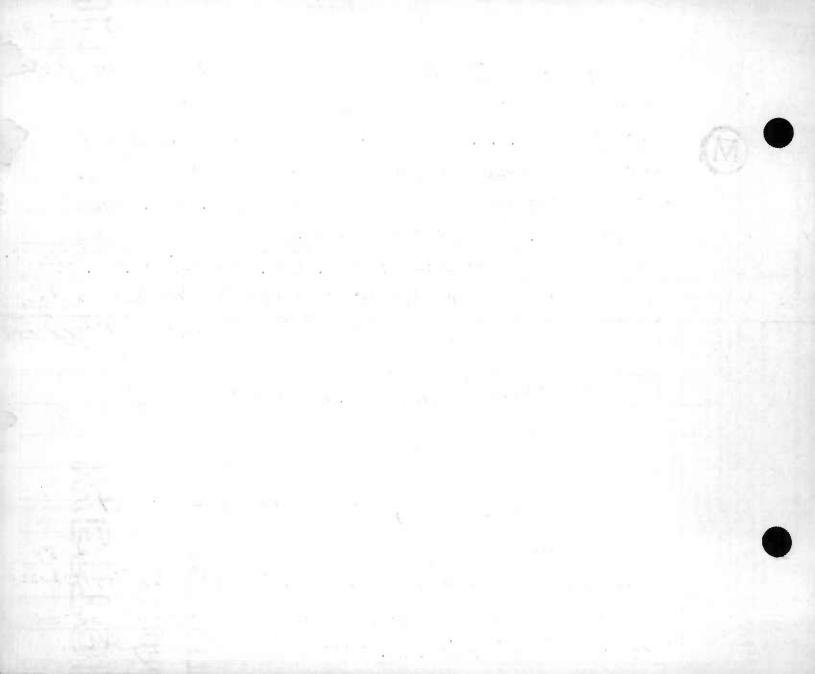
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IF UNDER 24 HRS

20 DATE OF DEATH MONTH

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE OF DEATH HINOM DECEASED NAME 2h HOUR EDNA McDONALD 3:05 a M MAE 1/26/81 4 RACE DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHOAY) DAYS HOURS 90 EAR Female. white 9 O BIRTHPLACE ISTATE OF FOREIGN L CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Missouri U.S.A. Raltimore County ME OCCUPATION 12b. KIND OF BUSINESS OR KFOR MOST OF WORKING LIFE) INDUSTRY WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Riverview Nursing Centre, Inc. (TYPE OF WORK FOR MOST OF WORKING LIFE) Essex Clerk Retail ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Balto Maruland Dundalk NO V YES T 1952 GUINNAI 21222 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MICOLE William Wilhite Louise Keithly ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 500.10.5646A Walter McDonald 1952 Gunnay Dundalb 18 CAUSE OF DEATH | Enter only one cause per ling to | 101, 110, and ic PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND IMMEDIATE CAUSE IS DUE TO, OR AS A CONSEQUENCE OF Conditions, gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO/THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOX YES [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF GEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 211. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE AT WORK NOT WHILE

220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on obove, (I) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE ATTENDING ! MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 22e. ADDRESS

23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial 1/30/1981 23c. NAME OF CEMETERY OR CREMATORY

Walnut Grove Cemetery

23d. LOCATION

Boonville

COUNTY Missouri

24 FUNERAL DIRECTOR

3 SEX

CERTIFICATION

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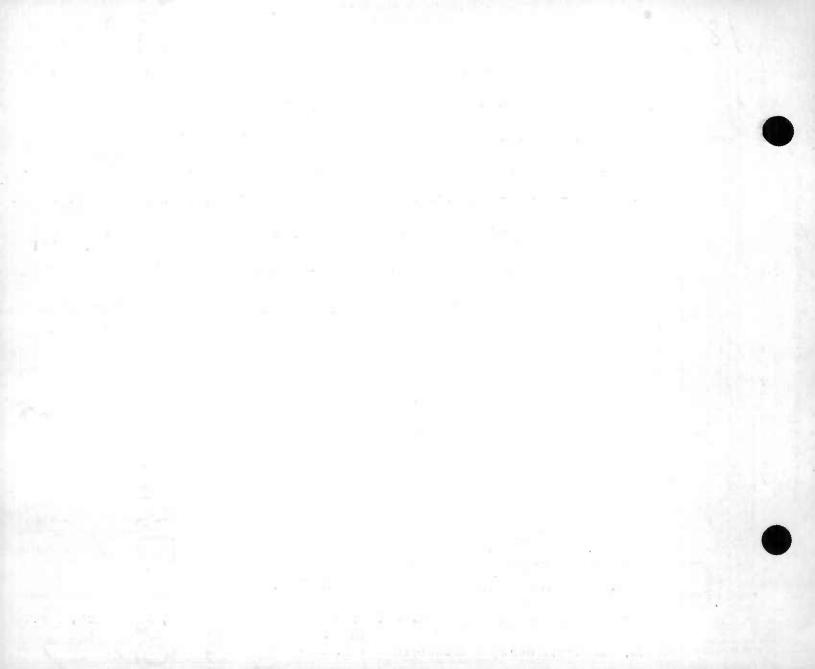
Walter Brooks Bradley Inc. Dundalk Md

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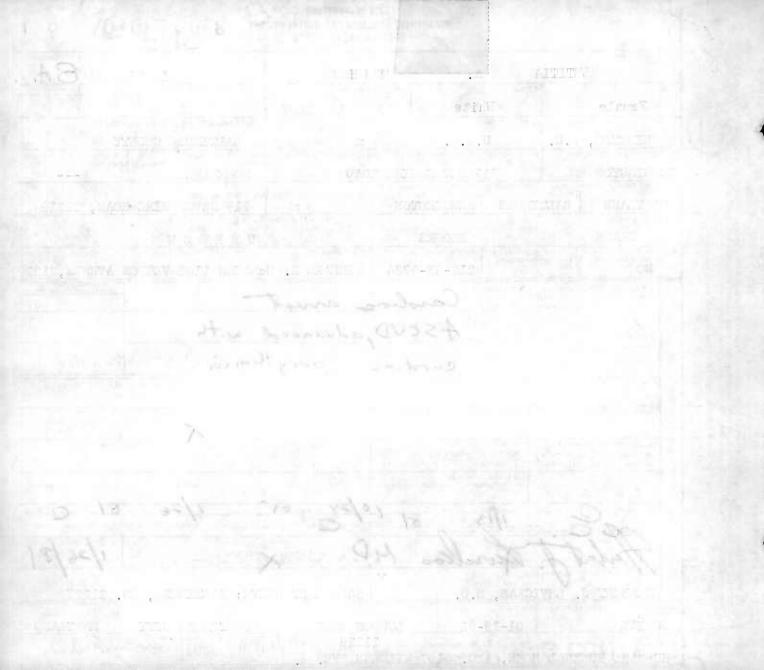
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PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		145, NO OF UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-52-4192 Charles H. Gibson Reisterstown
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220 Certify that (I) (this hospital) attended the deceased from 1980, to 1980, to 1980, that (I) (we saw the deceased alive on December 1980, and that in (my) (our) opinion death occurred on the date and hour and from the couses state above, (I) (we) (did that not) view the body after death. DEGREE 271. DATE SIGNED	- I	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19
sow the deceased alive on December 19 80, and that in (my) (our) opinion death occurred an the date and hour and from the couses state above. (1) (we) (did) and not) view the body after death. DEGREE 22c. DATE SIGNED	WED	WHILE TO NOT WHILE
1 Rolando VIETA MD 1200 ADDRESS 11 E Chestaut Hill la Reisterstown		sow the deceosed olive on DECEMBER 19 80 ond that in (my) (our) opinian death occurred an the date and hour and from the couses stated abave, (1) (we) (did) thind not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 1/4/8/ 276. DATE SIGNED 277. DATE SIGNED 278. DATE SIGNED 278. DATE SIGNED 278. DATE SIGNED 279. DATE SIGNED 270. DATE SIGNED 271. DATE SIGNED 271. DATE SIGNED 272. DATE SIGNED 273. DATE SIGNED



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8728 Liberty Rd., Randallstown, MD

